2 1		ems 18-22a Film 406 MARYLAND STATE DEPARTMENT OF HEALTH -19-68ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		14720 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4728
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20, DATE KNOWN A Month D	oy Yeor 2b. HOUR
Page	(	Type or Print)  IRENE JOSEPHINE NEBESAR  OF ESTI- DEATH MATED 10-31	
	3, \$	EX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 1 YEAR if under 24 HRS 2c. DATE PRONOUNCED DEAD	2d. Hour
y deld		Female White 6-2-81 87 Yrs. MONTHS DAYS HOURS AND Month Day 10-31	Year 19 687:304
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
farm farm		Hungary USA WHOWER IN DIVOKER IN MONTE	comery M
after death.  18. Give Pages along with the State death.	10. (	give street oddress) during most of working life, even if retired.) IN	b. KIND OF BUSINESS OR DUSTRY
Give ing th th	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER	OWNS TROPE
0 00 00 00 00 00 00 00 00 00 00 00 00 0	0	dmission) STATE Md. 13b. COUNTY Mont. S.S. YES TNO □ 901 Langley Dr	•
haurs Item 13 Office I and 2	14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
r's (		Alexander Parrassin Antonia Longauer	
hin nait nine pag hau		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown)  None  16b. SOCIAL SECURITY NO.  177. INFORMANT  178. INFORMANT  179. INFORMANT	Spr. Md. Drive
ecuted wit ling" in per edical Exan ermit. File within 72		1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
wxecuted nding" ir Medical 1 permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute pulmonary embolus	
pendi pendi hief Me ansit pe	-	Conditions, if ony, which gove )  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove )  Secondary to fracture of right hip	
d be chie rrans		ise to immediate couse (a), (	
should be e te ward "per a the Chief I burial-transit in any even		stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF lost.  incurred in fall at home	
the shift that I tatl		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	,
This certificate should be executed cate, writing the ward "pending" in be farwarded to the Chief Medical E I be used as a burial-transit permit. For removal, and in any event within	2	904.0	
certific writh arward arward moval	ATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his ate, e fa be u	CERTIFICATION	WAS PERFORMED?	YES NO 🗌
AL EXAMINER: This execute the certificate, ar. Page 4 shauld be far for your files.  TOR: Page 3 shauld be u urial, cremation, or rem	MEDICAL CE	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING   210. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING   210. Port 1 or Port 2, Item Deceased fell at home and ir CAUSE OF DEATH  210. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION   210. HOW INJURY OCCURRED (Enternature of Injury in Port 1 or Port 2, Item Deceased fell at home and ir Primary OF DEATH  210. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION   210. HOW INJURY OCCURRED (Enternature of Injury in Port 1 or Port 2, Item Deceased fell at home and ir Primary OF DEATH	actured
She of the shade	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
ical Examiner: execute the certifor. Page 4 shauled for your files. CTOR: Page 3 shauburial, cremation,		WHILE AT WORK AT WORK IN AT WORK IN TOKIONY, Office building, etc.) Home Silver Spring Mon	tg. Md.
Xecu Xecu For for for 12		22a. I certify that I took charge of the remains described above held an Autapsy Inspection Inquiry	ond in my opinion
Se eschar		death resulted from: Natural couses Ascident 🖾 Suicide 🔲, Homicide 🔲, Undetermined monner	]
please t director retained L DIREC		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	21170
NY. Prince		SIGNATURE ASSISTANT MEDICAL EXAMINER LI	INED
TO DEPUTY DICAL EXAMINER: The necessary, please execute the certificative functal director. Page 4 shauld be 5 may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 shauld Health priar to burial, cremation, or		NAME (Type) /3 ELDEN K REAP MID, ADDRES (SPERICULA SWEET COUNTY) VOV, 1	1968
0 = = 20 ±	230	DCA4OVAL (Considu)	ounty) (Stote)
L		FUNERAL DE O W See ADDRESS Sil Spr. AZO REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
VR A16ME (5)	10	armed E. Pumphrey, Dro. 8434 Georgia Averye DATHOV 7 1968 Client	es Judge
	-		-9-1

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DATEOCT

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The S.H. Hines Co. Washington, D. C.

2d. HOUR

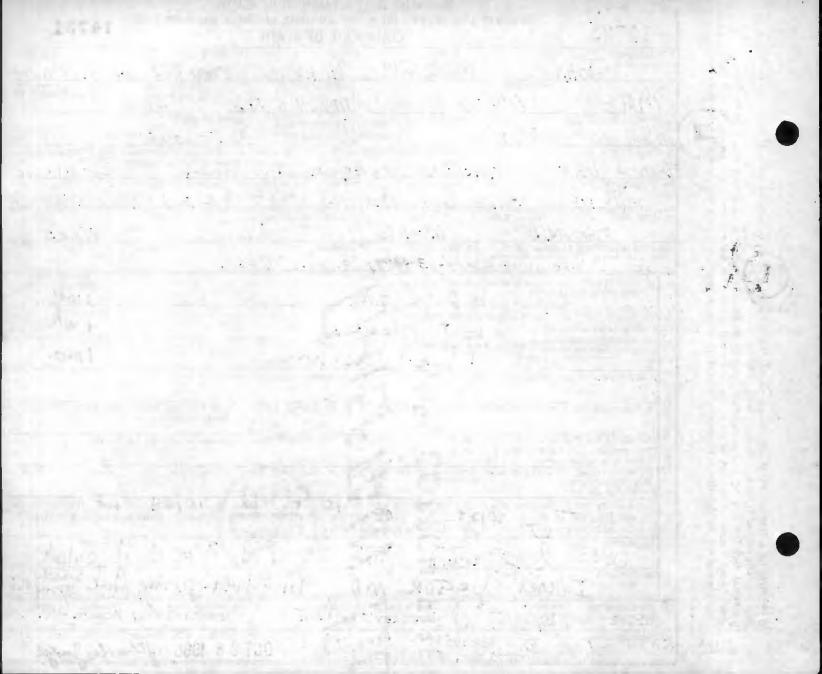
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VR A15ME (5) 10M REV. 1/68

THE WAR SHERE THE WAR WERE THE WAR WAS A STREET DETAIL COMPONE TO PART OF THE and the second s The Prince Newtons of William Street Street rand Internal graduates . Heliopin All the state of t The state of the s THE OTHER PROPERTY OF THE PARTY Buston I Toleran Level at the transmission of Williams The P. B. Dines Co. Much bearing P. C. DET A 1968 ACCURACY SAGE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14731 CERTIFICATE OF DEATH Middle DECEASED-NAME 20. DATE OF DEATH 2b. HOUR death. te be executed within 24 hours after death ond (Type or print) ond completely filled in by the funeral remove corbon pages. Pages 1 and Month 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR MONTHS DAYS lost birthdoy) 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🖂 NEVER MARRIED 🗌 DIVORCED | WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give (treet address) during most of working life, even if retired.) DRY W DRY CLEANCY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b COUNTY GO YES [ NO [ 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown) or removal, ottending property WORLD WAR 2 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) permit. cremation, DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove ) burial-tronsit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse mo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) O FUNERAL DIRECTOR: After this certificate hos been os the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** of Health p YES 🔲 NO -21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 1998, and 10 24 , 19 6 , that (!) 10 0 19 0%, ta 19 🕵 , and that in (my) (aur) apinian death accurred an the date and haur and from the Page 4 may be retained should causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. director, page 3 should be filed v DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town)
Brookeville, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL, CREMATION, (County) Montg. 10/28/68 BREMOVAL (Specify) Brookeville Cem. 1331 Rockvilt DDRESS EUNERAL DIRECTOR. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) OCT 28 1968 30M REV. 1/48 20852 Rockville, Maryland



	14724	privision or	, (	CERTIFIC	ATE OF	DEATH	none, man		147	32	
	ECEASED-NAME First		Middle		Last		2a. DATE OF DE	ATH		2b. HOUR	
(1	Type ar print)  Jos	EPHINE	B.		NOF	274	OCT.	Manth Da	1968	943AM	
3. SI	FEMALE	4. RACE	HITE		s. DATE OF B	1RTH 27/78		AGE (In years last birthday) 9 O YRS.	MONTHS OAYS	HOURS MIN.	
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WI		8. MARRIEO	NEVER MA	RRIEO 9.	COUNTY OF DE				
	Yklinois	U.S.		WIDOWED		RCED 🗌		TGOMEN		Md.	
اک	CITY OR TOWN OF DEATH	give s	AME OF HOSPITAL OR IN: treet address) THEA WO	DLAND	HON	during mos	t of working life	nd at wark dane , even if retired.)	INDUSTRY OWN /		
13a. adm	USUAL RESIDENCE (Where decearission) STATE ARYLAN	sed lived, if institut	ian: Residence before	13c CITY OR SILVE SAR	TOWN G	YES L NO		HAMILT	on Av	NUE.	
14.	FATHER'S NAME First 20hn	Middle	Halli		S. MOTHER'S N	AIDEN NAME Firs	rtha	Middle	Lel	last	
	. WAS DECEASED EVER IN U.S. AR Yes, na, ar unknawn) (If yes give	MED FORCES? war or dates of service)	217-36-67		NFORMANT 1RS. M	IRIAM	ULRICH	Address O (		G,MD,	
	18. CAUSE OF DEATH (Enter o									AATE INTERVAL NSFT AND QEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA, LEFT								92	AUS	
	Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)  (b) CEREBRAL THROMBOSIS - RECURRENT.								157	HRS	
	rise to immediate couse (a), ( OUE TO, OR AS A CONSEQUENCE OF									ERAZ	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1(a)										
z	493 545704C	-	ERTENSY &			VESTER		GOLTR	E		
CERTIFICATION			ICH OPERATION WAS PE	RFORMED	20a. AUT		20b. IF YE CAUSES OF	S, WERE FINDINGS F DEATH?	CONSIDERED IN CE	RTIFYING	
MEDICAL CER	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF OF	TH HOUR A.M.		21c. H	OW INJURY O	CURRED (Enter r	nature of injury i	n Part 1 ar Part 2,	Item 18.)		
ME	21d. INJURY OCCURRED 21e While Not while at work at work	PLACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.				City ar		County	State	
	22o. I certify that (1) (the saw the deceased in	220. I certify that (1) (this hospital) attended the deceased from 250, 1958, to 27, 4, 1968, that (1) (we) last sow the deceased alive on 300, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body ofter death.									
	22b. SIGNATURE	sa. R	oberts	M. I	REE PHYS.	DIR	ECTOR - F	STAFF DHYS.		1968	
	22d. PHYSTCIAN'S NAME (Type) J.A/	HEJ A	ROBER	375	22e. AD 89	DRESS 07 GEO	RGIA A	AVE. Sic	VER SPRING	, MD	
23a	ABSANCES OF 18 1	DATE -7-1968	23c. NAME OF		CREMATORY		23d. LOCATION	(City or Town)	(County)	(State)	

2Sa. I

ADDRESS

Inc. 8434 Ga. Ave. S.S.,

REC'D BY REGISTRAR

1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciap-and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then places remove carban papers. Pshould be filed with the State Dept. of Health prior to burial, crematian, ar removal, and the State Dept. of Health prior to burial, crematian, ar removal, and the mysevent, within 72 hour VR A15 (4) 30M REV. 1/68

Pumphrey.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deathy

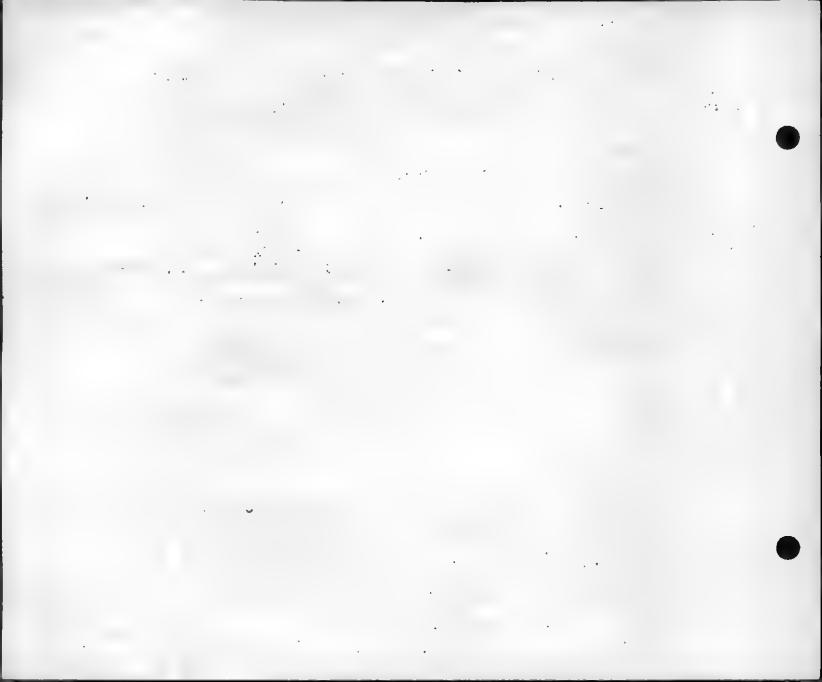
Page 4 may be retained by the haspital ar attending physician.

WETAI. 1 1 1 1 1 1 L and the second second second sign is a more and extended to the contract of the contr property the property of the second of the state of the second of the se 20.00 -p.1.171 24 The second of TERM A NUMBER OF STREET 1541621 No But 19 - STRIKE TO THE STREET 24-3C The state of the s THE SECOND IN SERVICE - 10 mm + 10 mm 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1472	5		T VIIAL KECOKDS,		ICATE OF					1473	
DECEASED NAME	First		Mrddle		Last		20. DATE OF			44	2b. HOUR A
(Type or print)	Freder	rick	Study		Orendo	rff	(	October	26°	1968	7:20 M
3. SEX		4. RACE			S DATE OF	BIRTH	1	6 AGE (In year		UNDER 1 YEAR	IF UNDER 24 HRS.
Male			White		13 De	cember :	1902	lost birthday	YRS. MO	ONTHS DAYS	HOURS MIN.
o. BIRTHPLACE (Sto	te or foreign	7b. CITIZEN OF W	/HAT COUNTRY?	8. MARRI	ED NEVER MA		COUNTY OF				
rountry) Pennsyl	vania	US	A	WIDOW		ORCED 🗍	Mo	ontgome	wv		Md
O. CITY OR TOWN O	DE DEATH	11 I	NAME OF HOSPITAL OR IN Street oddress) he Clinica	STITUTION (	If not in hospital	120 USUAL during mo	OCCUPAT ON	(Kınd af wark life, even if ret	done	12b. KIND OF INDUSTRY	
		ed lived, if institu	itian: Residence before	13c CITY	OR TOWN	13d. INSIDE CITY LIM		REET AND NUME	BER		
rdmission) STATE Pennsy	lvania	176 COUNTY			over	YES NO		North	Georg	ge Str	eet
14 FATHER'S NAME	First	Middle	Lost		15. MOTHER S A	MAIDEN NAME FIR	rst .	Mic	ddle		Lost
	Frank		Orendo			Ali				Si	tudy
To WAS DECEASED	EVER IN U.S. ARM	LED FORCES? or or dates of service)	16b. SOCIAL SECURITY			he Medi					
Yes, no, or unkno	W(I) (*)*****		176-05-16	96-A	The Cli	nical Co	enter,	NIH, B	ethes		
			line far (a), (b), and (c).	)							NATE INTERVAL NSET AND DEATH
PART I. D	EATH WAS CAUSED	) BY, ITE CAUSE (a)	į L	ympho	sarcoma	, disse	minated	1		1 yea	ar
200	1	* * * * * * * * * * * * * * * * * * * *	AS A CONSEQUENCE OF		·						
Conditions, if	ony, which gave)	763									
rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF											
last.	)	(c)									
PART 2 OTHE	R SIGNIFICANT CON	IDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE ORCO	NDITION GIVE	IN PART I(a)			
		JV	assive ple	ural	effusio	ns					
190. DATE OF O	PERATION 19b.		HICH OPERATION WAS PE		20o. AUT			YES, WERE FIND	DINGS CONS	SIDERED IN CE	RTIFYING
216. ACCIDENT					YES D	a No C	CAUSES	OF DEATH?	Yes	5	
	WAS UNDERLYIN	G 21b. TIME (	OF INJURY	210		CURRED (Enter	noture of injur	v in Port 1 or I	Port 2. Iter	n 18.)	
<b>∃</b> □ OR CONTRIBUT	ING CAUSE OF DEAT								,	,	
OR CONTRIBUTION (If either, notice 21d INJURY C	fy medical examin		AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		TOCATION Ste	et or RED No	fihr	or Town		County	State
While No	t while		OFFICE BUILDING, ETC.	7	. country 311	201 W. 151 W. 170.	City	V. 1911/1			graro
22g   certi	fy that '(1) /th	is hasnital) at	tended the decease	ad from	28 4110	nist 196	8 to 5	Ph Oct	1068	that	N) (wa) last
sow th	ne deceased a	live on 26	tended the deceas October	68	ond that in (r	My) (gur) opin	ion death o	ccurred on t	he date	and haur	and from the
causes	s stated abave	, (X) (we) (did	(ACADAOC) view the	bady aft	er death.	// / /					
226 SIGNATUR	51	10	17		ATTEND	INC ME	:D	STAFF	22c. DA1	TE SIGNED	
	eler!	Koren	~ MD	D	EGREE PHYS.	DIE C	RECTOR L	PHYS. [33]			r 1968
22d. PHYSICIAI NAME (Ty		7 5	26.70		22e. AD	DRESS The (	Clinica	l Cent	er, N	ations	1
NAME (TY	rete	r J. Ros	en, M.D.			titutes				da, Mo	1. 2001
23a. BURIAL, CREMA	TION, 23b. I		23c NAME OF	CEMETERY	OR CREMATORY	1	. /	N (City or Tawi		(County)	(State)
REMOVAL (Spe	10	-30 -19	68 mit 0	Kene	Come	lens		noner		all	the.
24 FUNERAL DIREC	TOR 1.		ADDRESS	- 1	. 1	250. REC'D BY	REGISTRAR	25b. REG :			
Typtona	cline		Hampot	each	ma.	DATE OCT	30 18	36B 20	May	las lus	Lee

VR A15 (4) 30M REV, 1/68



any delay is

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give-Pages

TO DEPUTY

O FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages 1 and 2 with the Sta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with

Health prior to bunal, cremation, ar remayal, and in any event within 72 hours after death.

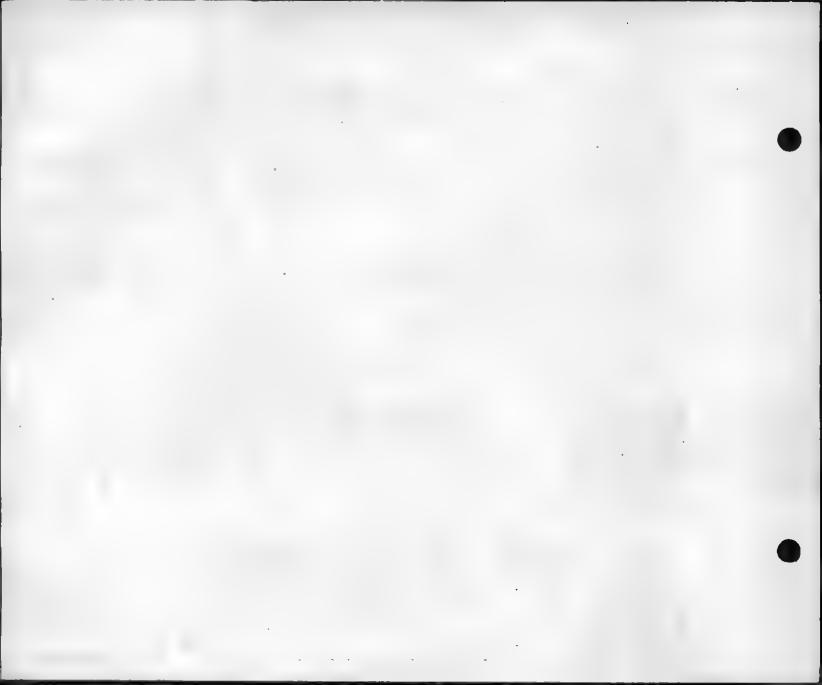
#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11777

		A E O NO	MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH	1	14194					
		CEASED-NAME First John	Joseph.		20 DATE KNOWN Month OF ESTI- DEATH MATED CO	Doy Year 2b HOLR -16 1968 // jom					
	3 SE	4. RACE 5 DA	TE OF BIRTH  UN C 4, 1906 6 AGE (In years inst. birthday)  62 YR	MONTHS DAYS HOURS MIN.	2c DATE PRONOUNCED DEAD Manth Day	Year 1968 4 17 M					
	7o B		0101	ARRIED NEVER MARRIED 9 CC	Montgoner	- e/ Md					
٦ [	3	Silver Spring	give street address) 4 M2	rwood La CART	af warking ife, even if retired)	126 KIND OF BUSINESS OR INDUSTRYN COOL PARTY DEPT.					
	aq		OUNTY Mintgeinery Sin	YES NO [	13e STREET AND NUMBER 9804 Mer-Wo	nd. Lona.					
	4 F	ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME Firs		Last					
	60.1	MAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO	17. INFORMANT	elen Annpess C. I	Cistra					
ľ		es, no, ar unknown) (riyas ava war or dates			ck 9804 Merwood	. Spr. "la.					
ŀ		18. CAUSE OF DEATH (Enter on y one co	use per line for (a) (b) and (c) )		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		PART I DEATH WAS CAUSED BY SMMEDIATE CAUSE	Bur Shat V	Vounded Hezo	sk	Sudden.					
-		/ 5.	IE TO, OR AS A CONSEQUENCE OF								
1		Canditians, if any, which gove itse to immediate couse (a), (b)									
		stating the underlying cause DU last.	JE TO, OR AS A CONSEQUENCE OF								
		PART 2 OTHER SIGNIFICANT CONDITIONS CO	(z)(z)	TO THE TERMINAL DISEASE OR COND. T	ION GIVEN IN PART Vol						
	_	1 1 1	ANTAGORING TO BERTH	TO THE TENNINE DISERSE ON COMP.	on on the react 1(0)						
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OF WAS PERFORMED?	PERATION		20. AUTOPSY?  YES NO					
	MEDICAL CER	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	P PM oct 16 1968	21c HOW INJURY OCCURRED (Enter no Shed self in he	ture of injury in Part 1 or Port 2, the						
	WE	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK	INJURY (At hame, form, street, ce building, etc.)	214 LOCATION Street or RFD No.	La Silver Spring	Mint. Mcl					
		· ·	irge of the remains described <mark>ab</mark> av		nspectian 🔀, Inquiry 🖸	and in my apınian					
		death resulted fram: Natu	ral causes [ ], Accident [ ],	Suicide 🔀 Hamicide 🗌	J. Undetermined manner						
		ACTUAL SIGNATURE	ns. Bell	CHIEF MEDICAL EXAMI	XAMINER 22b. DATE	SIGNED 1968					
		EXAMINER'S NAME (Type) John G.	Ball	DEPUTY MEDICAL EXAM ADDRESS(Street, city,		17,77					
-	23 o	BURIAL, CREMATION, 23b. DATE	23c NAME OF CEMETER	Y OR CREMATORY 23	d. LOCATION (City or Tawn)	(County) (State)					
		REMOVAL (Specify) Riskiel 10-22-	-1968 Baltimore		Raltimore	Maryland					
, k	21	THOUSALD RECTOR TO	Gler Carter ADDRESS	250 REC D BY R	0 4000						
11	111	arier E. Pumhrey.	Dric. 8434 Ga. Ave.	. S.S. Md DATEOCT &	3 1968 Kacan	Cay younge					

VR A15ME (5)

5 may be retained for your files.



7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	14727 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14735
HEALTH DEPT.	1 DECEASED NAME First / Myddle Last / 2a DATE KNOWN Manth Day Year 2b HOUS
af de de	(Type or Print) Jane Horden 1 Lack DEATH MATER 10-24 198/11A
delay and 3 A3. Paç tment	3 SEX 4 BALE 5 DATE OF BIRTH 6 AGE 10 COS IF LADER 1 YEAR IN UNDER 24 HRS 20 DATE PRONOUNCED DEAD 20 HOUSE
ry delay is PM3. Page artment af	Te Cauc Oct. 27, 1918 ANXYRS MONTHS DAYS MOURS MAN 1000 28/ Year 8 25
2, 2, P	70. B.RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	country) Wash., D. C. USA WIDOWED TO DIVORCED DIVORCED N
death Pages I, with farm	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (Hengt in most tal 120 USUAL OCCUPATION (Kind of work dane 120 KIND OF BUSINESS OR
After death any delay is Sive Pages 1, 2, and 3 to along with farm PM3. Page with the State-Department of leath.	Silver Spring givestited district her thangthe during most of working to even if retired) INMESTRY Have
語 ま ま :	13a USUAL RESIDENCE Where deceased fived, if institution. Residence before 13c CUY OR JOWN 13d MISIDE CITY LIMITS? 13e. STREET AND NUMBER
ours after the office along	admiss an) STATE Mil 136 COUNTY MINTET Sil So YES NO 16801 Klev Hamp we
offer d	T4 FATHER'S NAME First Middle Fost IS MODIFIER'S MAIDEN NAME First Middle Last
	Charles Nicholas Gordon Maude Eiker
hin 24 nct! in niner's pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS
within pencil xamine ile pag 72 hay	(Yes, no, or unknown) (If yes give wor or dates of service) 216-58-8249 Lewis E. Leizear
A C C C	18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c).)
be executed "pending" in iief Medical E insit permit. F event within	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Alleration Tourne in Real
mdir Mec pel	DUE TO, OR AS A CONSEQUENCE OF
be 'pe iief insit	Canditions, if any, which gave
Part - Pa	rise to immediate cause (a) stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
should be executed wit ne ward "pending" in pe to the Chief Medical Exan burial-transit permit. File I in any event within 72	last. (c)
s certificate should be executed within 2 e. writing the ward "pending" in pencil is farwarded to the Chief Medical Examiner ===== s=== only exemple and as a burial-transit permit. File page emoval, and in any event within 72 haur	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
fica ing rdec as	- Levere Repression
certif writt arwar sad mava	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
This certificate : licate, writing the be farwarded to d be msmd as a b or removal, and	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  20. AUTOPSY?  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF NURY Mogrit, Day, Year  21c. HOW INVERY OCCURRED (Externature of Injury Day)
INER: T e certifice shauld b files. 3 should ation, or	PRIMARY OR CONTRIBUTING HOURAN) / 24/1968  ZID INJURY OCCURRED 21e. P.ACE OF INJURY (At home, form street). 21f LOCATION Street or R.E.D. No. (illy gradien). County State.
= a ~ + ~ = =	
EXAMINER: soft the cert age 4 shauld your files. Page 3 should, cremation, I, cremation,	WHILE NOT WHILE AT WORK AT WORK
DEPUTY DICAL EXAM scessary, please execute the e funeral directar. Page 4 may be retained far your FUNERAL DIRECTOR: Page ealth priar to burial, crem	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry , and in my opinion
TY DICAL E  y, please executed directar. Page eretained far AL DIRECTOR: f priar to burial,	death resulted from: Natural couses , Accident Suicide Hamicide Undetermined manner
directar directar etained DIRECT	CHIEF MEDICAL EXAMINER
al de la contraction de la con	SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
CERVE	EXAMINER'S TO THE PROPERTY OF
o DEPUTY necessary, property of the funeral series of FUNERAL Health pride	NAME (Type) DELITE AND RESSESTED TO THE TOTAL OF THE TOTA
TO DEPUT necessary the funer 5 may be TO FUNER/ Health	23d BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETRY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	REMOVALISHER BUTISH Oct. 26,1968 Woodside Brinklow Mont. Md.
0.0	24 FUNERAL DIRECTOR  ADDRESS  Princis H. Barber Laytonsville, Md.  250. RECD BY REGISTRAR 250 REGISTRAR 3 SIGNATURE  270. RECD BY REGISTRAR
VR A15ME (1) 10M REV 1/68	Francis H. Barber Laytonsville, Md. DATE OCT 28 1968 Icharles Judge

ę +

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. DECEASED-NAME (Type or print)   Evagelos (None)   Papanikos   October   4   1968     3. SEX   4. RACE   S. DATE OF BIRTH   October   1954   A. COUNTY   Octo	e lost <b>iriou</b>
S. DATE OF BIRTH   10 October 1954   S. DATE OF BIRTH   10 OCTOBER	F JNDER 24 HRS. HOURS MIN.  Md. USINESS OR  E
Male  White  10 October 1954  70. BIRTHPLACE (Stote or foreign country)  Greece  Greece  Widowed Divorced Divor	Md.  USINESS OR  e
Greece Greece WIDOWED DIVORCED Montgomery  10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odm.ssion) STATE Greece 13b. COUNTY Salonica YES NO Village Pentalofos  14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Md. USINESS OR  e  Lost iriou
Greece Greece WIDOWED DIVORCED Montgomery  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospiton give street address)  The Clinical Center, NIH  130 JSJAL RESIDENCE (Where deceased lived, if institution, Residence before odm.ssion) STATE Greece 13b. COUNTY  Salonica YES NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle	e lost <b>iriou</b>
Greece Greece WIDOWED DIVORCED Montgomery  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  The Clinical Center. NIH  130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before odm.ssion)  STATE  Greece 13b. COUNTY  Salonica 15c. MOTHER'S MAIDEN NAME First Middle  15c. MIDDUSTRY  NOO.  Village Pentalofos	e lost <b>iriou</b>
Bethesda   Greece   13b. COUNTY   13d   Institution   STATE   Greece   13b. COUNTY   13d   Institution   STATE   Greece   13b. COUNTY   13d   Institution   STATE   Salonica   13b. Mothers Maidle   Salonica   S	e lost <b>iriou</b>
130. JSJAIL RESIDENCE (Where deceased lived, if institution: Residence before odm.ssion)   STATE   Greece   13b. COUNTY   Salonica	lost <b>iriou</b>
odm.ssion) STATE Greece 13b. COUNTY Salonica YES NO Village Pentalofos 14 FATHERS NAME First M.ddle Lost IS. MOTHERS MAIDEN NAME First Middle	iriou
14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	iriou
	iriou
The second to th	
Vac. no. an University   Hit yes one was as distance for corners	
APPOPUL	ATE INTERVAL
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	SET AND DEATH
PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0)  Cardiorespiratory arrest  1 hour	<u></u>
Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove)  Severe anoxia secondary to (C)  3 days	
rise to immediate couse (a), (b)	3
stoting the underlying couse last 7 ventricular septal defect year	rs
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
Hemony aumothorey hemoneric and im	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CER	TIFYING
YES X NO CAUSES OF DEATH? Yes	
置 (If either, notify medical examiner) P.M. 19	
21d INJURY OCCURRED While Not while of work of	State
220. I certify that (X) (this haspital) attended the deceased from Sept. 8 , 1968 to Oct. 4 , 1968 , that (saw the deceased alive an October 4 1968, and that in 1969) (our) opinion death occurred on the date and hour o	X (we) last
saw the deceased alive an October 4 1908, and that in (1904) (our) opinion death occurred on the date and hour o	nd from the
causes stated abave, (A) (we) (did) (A) (A) view the bady ofter death.  22b SIGNATURE.	
22b SIGNATURE  22b SIGNATURE  ATTENDING MED. STAFF 22c. DATE SIGNED  9 October	1968
22d PHYSICIAN'S 22e ADDRESS The Clinical Center, Nationa	1
NAME (Type) Charles L. McIntosh, M. D. Institutes of Health, Bethesda, Ma	
230 BURIA_CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
BENNY APONICA GRE	

VR A+5 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours after death.

Poge 4 may be retoined by the hospital or ottending physician.

24. FUNERAL DIRECTOR WW. Chambers Co

1400 chapin St nw.

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE 1968



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14737

_2疟	П		CEASED-NAME	First		Middle		Lost		20. DATE OF DE			2b. HOUR
and	1	- (1	ype or print)	MTCI	HAEL	NMI	P/	SNAK	54.	Oc.	Month 20	A 10 year	1-02
		3. SE	Х	1120	4. RACE			DATE OF BIR		6	AGE (in years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
the second	1		Male		White			4/1/	/25	,	ost birthdoy)	MONTHS DAYS	HOURS MIK.
2° 2	ı	70. B	SIRTHPLACE (State or fo	reign	7b. CITIZEN OF WHAT CO	OUNTRY?	8 MARRIED 2	E NEWED MADE	9.	COUNTY OF DEA		<u> </u>	
		COUN			USA		WIDOWED	DIVOR	CED 1	Montgome	ery		14.3
2 de /	ŀ	10. C	ITY OR TOWN OF DEAT			F HOSPITAL OR INS				_	nd af wark dane	12b. KIND OF	MG.
ban with	Ĺ				Marylandstreet	offerly Cr	oss	,	during most	af warking life vsicist	even if retired.)	INDUSTRY Gobt	
rent, rent	3	13a admi	usual RESIDENCE (Whossion) STATE Maryla	ere deceos	13b. COUNTY ntgo	Residence before			3d. Inside City E.Mit Yes 😿 No [		AND NUMBER	in Temo	CCMA
S o o					<u> </u>							ra name	
<b>₽</b> ₽ ₽ .	1	14 F	, , ,	rst	Middle	Last		MOTHER S MA	IDEN NAME FIRST	nna	Middle	<b>R</b> (	lost
886 .	ŀ			licha		Pasn			A	ına	Ai.	40 -	irany
physician. signed by the attending physician completely filled the by the funeral burial-transit permit. Then place remove carban pages. Pages 1 and 2 burial, cremation, arremayal, and and any event, within the pages after death.		16a Y	WAS DECEASED EVER I es, na, ar unknown) yes	(I) yes give w	Constitution of the contract o	SOCIAL SECURITY N 3-18-846		FORMANT wife Wi	inifred	17408	Astoria	Lane \$8	Md.
The P	}			l (Enter onl	y ane couse per line for	(a) (b) and (d)			-01				AATE INTERVAL NSET AND DEATH
indin in din	3		PART I. DEATH V	AS CALISED	nv /	ele		Eru	illen	in		Recei	Tank
afte oem on,	7		4/27		DUE TO, OR AS A	ONSEQUENCE OF	-	0		You			
e it is C			Conditions, if any, w	nich gave)	(b) Ce.	2000	my s	2che	2000			154	Cacl,
on rem	Ì		nse to immediate co stating the underlyi	na causel na causel	DUE TO, OR AS A C	CONSEQUENCE OF	7					U	
Sicion of the sicion	d		last.	)	(c)								
Phy sign buri buri			PART 2. OTHER SIGNI	ICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMINAL	DISEASE OR CON	IDITION GIVEN IN	PART 1(o)		
ling een the r ta		NO											
ar attending te has been use as the alth priar ta		CERTIFICATION	196. DATE OF OPERATION	N 19b.	CONDITION FOR WHICH O	PERATION WAS PER	RFORMED	20c AUTOF	NO 🖂	CAUSES OF	, WERE FINDINGS ( DEATH?	CONSIDERED IN CE	RTIFYING
te h	}	CERT	21a ACCIDENT WAS	INDERLYIN	G 21b TIME OF INJU	IRY	21r HO			ature of injury in	Port 1 or Port 2,	Item 181	
by the haspital ar at the this certificate he detached far use State Dept. at Health		3	OR CONTRIBUTING (If either, notify med	AUSE OF DEATI	HOUR A.M. Mo	onth Day Year			(44144		, , , ,	,	
hast ache		뚩	21d INJURY OCCURR	D 21a	PLACE OF INJURY / AT HE	DME, FARM, STREET, FAC E BUILDING, ETC.	TORY.) 21f LOC	ATION Street	or R F D. No.	City or	lown	County	State
te de in the	1		While Not while at wark										
Star Star	Н		22a. I certify the	t(()). (thi	s haspital) attende	d-the decease	d from	1 de 7	19_6	Y, 10 /1	19 per 12	, that	(1) (we) last
be retained by t DIRECTOR: After ge 3 shauld be c led with the State	1		causes state	easea ai ed above	s haspital) attende	not) view the l	bady after de	eath.	r) (aur) apini	an gearn acci	irred an the do	ate and haur o	ind fram the
reta 3 sh with	1		22b. SIGNATURE	1,1	1/100	9101		ATTENDING	G MED	5	AFF r	DATE SIGNED	///
	Л		22d PHYSICIAN S	6	frag	MY	DEGRE	PHYS 22e. ADDR		CTOR L P	HYS.	6 / 2	2/68
Page 4 may be retaine to FUNERAL DIRECTOR: director, page 3 shaul shauld be filed with th			NAME (Type)	Morto.	Shapito			810)		er Ave.	Sil. Spr.	. Maru!	ard
Page 4  D FUNE directa shauld	ŀ	23a.	BURIAL, CREMATION,	23b E	ATE	23c NAME OF C	CEMETERY OR C	REMATORY		23d LOCATION (		(County)	(State)
Pag Fig. Sha			RSMOVAL (Specify)	10.	-25-1968	Baltir.					timore. 1		
VR A15	1	26	ENNERAL DIRECTOR	Cin	C.Glen Car	ten, ADDRESS			2So. REC D BY I	REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
30M REV		188	There E. P.	phre	24. 9no. 84	13 ! Ga. 1	que S.	S.Md.	DATE OCT 2	2 8 1968	golia	read you	ye.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14738 Middle Last 20 DATE OF DEATH and 2 death. DECEASED-NAME First 2b HOUR (Type or print) HARRY H. PENNINGTON October 710pm after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE In years CAUC 19 JUNE 1924 MATE 24 hours 7a. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) U.S. WIDOWED | D-VORCED [ Virginia MONTGOMERY 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR USNH (NNMC) BETHESDA, MD. during mast of working life even if refired) INDUSTRY **RETHESDA** 13a USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIM 157 admission) STATE VIRGINIA requires that the death certificate be executed LASE COUNTY NO X RT. 1 Box 742 WOODBRIDGE and in any 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME First Last JAMES PENNINGTON FLORENCE BLEVINS Address Woodbridge, Va. 16a. WAS DECEASED EVER IN L.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknawn) crematian, ar remaval, LILLIAN S. PENNINGTON(WIFE)RT.1 Box 742 229-32-9830 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))

PART | DEATH WAS CAUSED BY:
| IMMEDIATE CAUSE (a) | Arterio Sclerotic Cardio Vascular Disease BETWEEN ONSET AND DEATH permit. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions if any, which gave ) (b) POSSIBLE PULMANARY TUBERCULOSIS rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying causes () POSSIBLE TUBERCULOSIS MENTINGITIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the l O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATHS NO [ YESXCX far use Health Page 4 may be retained by the haspital ar 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached State Dept. af (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM, STREET FACTORY ) 21f LOCATION Street or R.E.D. No. City or Town County State While Nat while at wark 22a. I **certify** that XX (this haspital) attended the deceased fram 25 SEPTEMEDR 1968 25 OCT. saw the deceased alive an 25 OCT. 1968 19 , and that in (my) (XXX) apinian death accurred an causes stated abave, (I) (xe) (did) (XXX) view the bady after death and that in (my) (all apinian death accurred an the date and have and from the director, page 3 shauld shauld be filed with the 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Barr-PLACE CEMETARY

2000 Cer

26 OCT 68

DOOLEY MC USN

24 FUNERAL DIRECTOR ROBert A. Pumphresports Bethesda, Mitso RECT. BY REGISTRAR. Reins-SturdivantFuneral Home, INDEPENDENCE, VA. DATE NOV 6

22a. ADDRESS

U.S. Naval Hosp. Bethesda, Maryland 20014.

1968 REGISTRAR S. SIGNATURE

Whitetop, Virginia

(County)

(State)

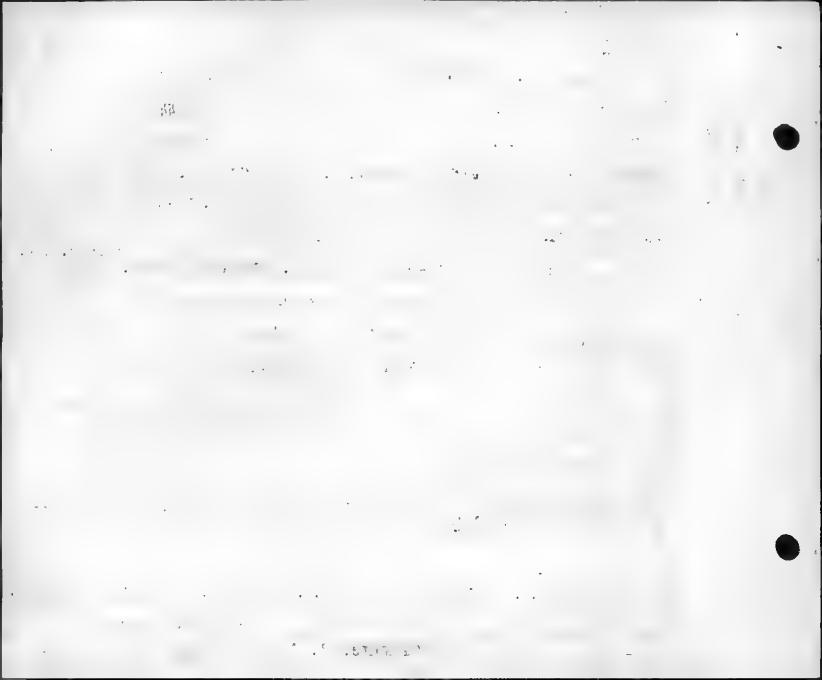
23d LOCATION (City or Town)

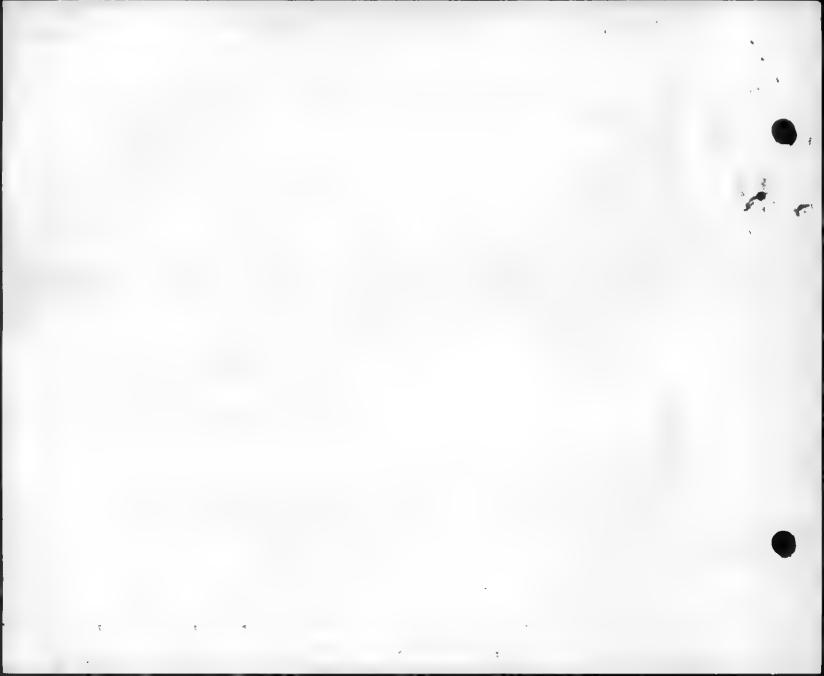
VR A15 (4) 30M REV 1/68

22d. PHYSICIAN'S

23a. BURIA\_CREMATION (REMOVA) (Specify)

NAME (Type)







DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14741

12b KIND OF BUSINESS OR

BETWEEN ONSET AND CEATH

IF UNGER 1 YEAR

MONTHS

2b. HOUR

IF LINGER 24 HRS.

CERTIFICATE OF DEATH DECEASED NAME 2c. DATE OF DEATH CV. First Middle be executed within 24 haurs after death. Month (Type or print) 3 SEX DATE OF BIRTH 6. AGE (In years last birthday) 12 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗀 Monta WIDOWED DIVORCED | 12a USUAL OCCUPATION (Kind of work done event, within 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in haspital during most of work ng life, even at retired) give street address) carban 136. INSIDE CITY LIM TS? 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased/lived/ if institution; Residence before 13c. CITY OR TOWN YES DE 13b/ COUNTY 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Last physician and UNKNOWN Ames requires that the death certificater 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. Yes, no, ar unknown) (If yes give war or dates at service) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, SAME AS 18. CAUSE OF DEATH (Enter only one cause per line for (a). (b), and (c))
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if any, which gave denocarcinoma rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes by the haspital ar attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) State Dept. of Health priar to has been 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🗔 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port ) or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M. 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 1968, to 05715, 1955, that (1) (we) last sow the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the be retained director, page 3 shauld shauld be filed with the causes stoted above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE STAFF PHYS. MED DIRECTOR DEGREE PHYSICIAN'S 22e Appress . M.D. G. Lennard Gold NAME (Type) 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, Oct.18-68 Cedar Hill Cemetery Wash . 250 RECD BY REGISTRAR DC . DATE T 19

ADDRESS

Bros.1661-Gd.Hope Rd. SE

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING State County . 19.68, to OCT 15, 1955, that (1) (we) last 22c. DATE SIGNED Georgia Ave., Sil. Spr., Md. (County) Suitland, Maryland. 2Sb REG STRAR'S SIGNATURE

PLIMERAL DIRECTOR



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14742

					CERTITION	IL OI DEATH				
년 _ 7년			CEASED NAME FIEST	Middle		Last	20 DATE OF			2b HOUR
death and death		(1	ype or print)	By GiRL	,	PRICE	(a	Manth Doy	7 1068	6 30 M
i - i		3. SE	X	4. RACE	5	DATE OF BIRTH		6 AGE (In veors		IF UNDER 24 HRS.
では			female	Witire		10-9-	68	lost birthday) YRS.	MONTHS DAYS	HOURS MAN
2 2 2		76 E		76. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY OF			
d irl pers 72 i		LUUV	MARYLAND	-USA	Widowed [		MICI	NTGONIE	RY	bM
를 뚫으돌		10 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL give street address)	OR INSTITUTION (If not i	di cina m		(Kind of work dane life, even if retired)	126 KIND OF BO	ISINESS OR
d with letely arbon nt, wit			CTHESDA		DUBUR	BAN				
executed move co	1	odmi	USUAL RESIDENCE (Where decease ssion) ASTATE RULAN L	d lived t institution Residence I	1 4.	The same and the same of the s	1	REET AND NUMBER 118 Mack	ELLLA	WE
	2.	[4, ]	ATHER'S NAME First	Middle	Last IS. N	OTHER'S MAIDEN NAME	Fust	Middle		Lost
a a			J.	HARVEY +	RICE	- 1	Aula	· Spart	10DO	SKV
ate b icion lease ond			WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SEC in or dates of service)		_		Address		
physicio en plea ovol, on		L'	es, ng, gr vnkrigwn)	ii oi cores di salvica)	FA	THER- S	HARV	EY PRICE	- AS A	BOUE
that the deoth certificate on.  by the ottending physicial rensit permit. Then pleas remation, or removal, onc				y one cause per line for (a), (b), o	and (c).)				APPROXIMA BETWEEN ONS	TE NTERVAL ET AND DEATH
eoth andii nit.			PART I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (0) RISKAC	ulory Ons	reference				
ottendi permit. ion, or r			1111 1	DUE TO, OR AS A CONSEQUEN	ICE OF	11 1/				
the site			Canditians, if any, which gave )	(b) Diffy	CR. atalant	nia.				
s that the d cian. d by the ott transit per cremation,			stating the underlying cause	DUE TO, OR AS A CONSTQUEN	KCE OF	+ 1.	1	1-		
res /sici			last	(1)	JNG/AYN	me ment	Mume_0	usere		
phy sign bur bur			PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
w r ding een the		NO	1720							
e for tend ss b os os prio		CERTIFICATION	19a. DATE OF OPERATION 19b C	ONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	CAUCES	YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN CER	TIFYING
e by the see that	- 1	ERTIF	21g ACCIDENT WAS UNDERLYING	THE THE ST WHEN	Tax How	YES NO			103	
AN do of of for for Hec		212	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy	Yeor ZTC HOW	INJURY OCCURRED (Ente	er n <b>ature</b> at a ju	ry in Port For Part 2, 1	tem 18.j	
Signature and the second secon		MED,(	(If either, natify medical exominion 21d INJURY OCCURRED 21e		19 015 1054	TON COLUMN DED A		. 7	C	ft-t-
PHY s ho iis c toch			While Not while at work of wark	PLACE OF INJURY ( AT HOME FARM, SI OFF CE BUILDING, I	TC. PACTORIL 217 EULA	TON STREET OF KILD, NO	a. Cry	or Tawn	County	State
5 + + + 9 + 1 + 1 + 1 + 1			at work of wark 220. I certify that (I) (this	- harvitally attended the d	reased from	10	, to		that (	I) (we) last
Afte Afte be Ste			saw the deceased air	ive on	19, and t	hot in (my) (our) on			te and hour or	nd from the
OR:			causes stated above,	, (I) (we) (did) (did nat) viev	w the body after de	oth.				
E sh Est			22b. SIGNATURE	1	MD	ATTENDING	MED COM		ATE SIGNED	d
y be rr y be rr L DIRE			Pauces	Or Vellege	DEGREE	PHYS.	DIRECTOR $\Box$	PHYS .	10-9-6	, <u>X</u>
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	- 1		22d. PHYSICIAN'S NAME (Type) FRANC	ISCO VENE	GAS	3201 Sa	ge for	re Borrie	, ned	1
HOS ge 4 FUN a clo		<b>2</b> 3a	BURIAL CREMATION. 23b. D	ATE 23c NA	ME OF CEMETERY OR CR	EMATORY		DN (City or Tawn)	(County)	(Stote)
Page To FUN direct shaul			REMOVAL (Specty) al 10	0/11/68 Kind	David M	em.Garden		s Church		448
VR A15		24	FUNERAL DIRECTOR	Al Al	9501 14th	St.NW RECD	BY REGISTRAR	968 REGISTALINA	STEPHEN TO STATE OF THE STATE O	0
30M REV			ernard Danzar	ISKY & Sons .	11	DATE UL	リレスサ		L/	

Wash D.C.



30M REV

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14743 Lost 20. DATE OF DEATH 2b HOUR 6 AGE (n years IF JMDER 1 YEAR lost bythdoy) YRS MONTHS DAYS 9 COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) 13 a CLAR U.STA IV. A during mental 120 USUAL OCCUPATION (Kind of work done warking life, even if Jeffred 571. TUNIN BludE, SSM 13d INSIDE CITY LIMITS? 13c CITY OR TOWN YES IS. MOTHER'S MAIDEN NAME First 17. INFORMANT BETWEEN ONSET AND DEAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County Stote 22a. I **certify** that (I) (this haspital) attended the deceased from 19 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 22e ADDRESS LOCATION (City or Town (County) (State) 2Sb. REGISTRÁR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Whenles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14744 CERTIFICATE OF DEATH DECEASED NAME Middle 2o. DATE OF DEATH 2b HOUR 24 hours ofter death (Type or print) 196 SEX 6. AGE (In years IF UNDER 1 YEAR lost birthday) HOLES white TEMALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED 71.5A DIVORCED NTGOMER ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUA, OCCUPAT ON (Kind of work done give street address) during most of working life, even if retired.) Kensing ton KENSING ton burial, cremation, or removal, and in any event, 13a USUAL RESIDENCE Where deceased lived, if institution Residence before 13c CITY OR TOWN the attending physicion and complesit permit. Then please remove car 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Silver YES 🔀 NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Bushrod 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC AL SECURITY NO 17 INFORMANT Unknown 1502 OAKVIEW CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
 PART I DEATH WAS CAUSED BY. burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), signed by 1 DUE TO, OR AS A GONSEQUENCE OF attending physician. stating the underlying couse: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the l hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate ho director, page 3 should be detached for use should be filed with the Stote Dept. of Health p YES [ Page 4 may be retained by the hospital or 21a ACCIDENT WAS UNDERLYING 216. TIME OF INITIRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d INJURY OCCURRED 21f LOCATION Street at R F D Na. City or Town County State While Not while at wark 22a. I certify that (1) (this hospital) attended the deceased framiliangles 3 , 1967, tall 1960, that (1) (we) last saw the deceased alive an 667.19 1960, and that in (my) (our) apinion death accurred an the date and hour and from the \_1962, and that in (my) (eur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE STAFF DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cometery 23a BURIA., CREMATION, 23b DATE 23d LOCATION (City or Town) (State) (County) 10-22-68 Suitland, Maryland REMOVAL (Specify) 24 FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 250 REGISTRAR 58 25b REGISTRAR'S SIGNATURE Suitland Rd. SE, Suitland, Md. DATE



I. DECEASED-NAME Walter death. death. (Type or print) Month WALTER Amos KECTOR October S. DATE OF BIRTH 3. SEX 4 RACE 6 AGE (In years lost birthdoy) Male White October 21 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED country) Virginia WIDOWED K DIVORCED [ America Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12g USUAL OCCUPATION TKind of work done Takoma Park Washington Sanitarium

13a uSJAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN during most of working life, even if retired)
Mechanic law requires that the death certificate Le executed wit event, physician and camplet on please remave car 13d. INSIDE CITY JIMITS? 13e STREET AND NUMBER odnisson State Montgomery Takoma Park Montgomery Avenue 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First William Rector Ethe1 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) Parient's chart signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c).) PART I DEATH WAS CAUSED BY lucolt IMMEDIATE CAUSE (a) Conditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to l this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗔 21a. ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. detached 21d INLURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.E.D. No. City or Town White Nat while at wark TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased from City of saw the deceased olive an 1905, and that in 19 QS, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1)-(we) (dif) (did not) view the bady ofter death. 22b. SIGNATURE MED. DIRECTOR ATTENDING 22d. PHYSICIAN'S NAME (Type) 220\_ADDRESS directar, shauld b 23a. BUR AL, CREMATION 23b DATE NAME OF CEMFTERY OR CREMATORY 23d. LOCATION (City or Town)

VR A15 (4) 30M REV 1/68 HENDAN (Shalip)

11-2-1968

Flyeral Director Gawler's Sons Inc. ADDRESS 30 N.W., Wash., D.C., 20016

250 RECID BY REGISTRAR

Bladensburg.

Fort Lincoln Cemetery

25b REG.STRAR'S SIGNATURE

Brince Georges

(County)

County

14745

IF UNDER I YEAR

INDUSTRY Walter Reed

MONTHS ]

2b. HOUR

IF UNDER 24 HRS

HOURS

12b KIND OF BUSINESS OR

Sutphin

BETWEEN ONSET AND DEATH

Stote

A STITE.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1	4	7	4	6
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					_									
	CEASED-NAME	First			Middle		Last		2a DATE	OF DEATH				2b. HOUR
(I	ype or print)	Robe	rt	Fa	ris	F	EILY		Oct	Month	Day	31 Year	68	305PM
3. SE	Χ		4. RACE				S. DATE OF B	IRTH		6. AGE (In year	41.4	IF UNDER 1 YEA	AR F.	JNDER 24 HRS.
	Male		Cauc	asian			Aug.	26, 190	03	last birthday	YRS A	MONTHS DA	LYS HO	DURS MIN
7a. 8	BIRTHPLACE (State or	fareign	76 CITIZEN C	OF WHAT COU	NTRY?	8. MARRIE	D 🔀 NEVER MAR	RIED	9. COUNTY	OF DEATH				
	<sup>try)</sup> Texas		USA			WIDOWE	D DIVO	RCED 🗌		tgomery				Md
	ity or town of de Bethesda	ATH		II. NAME OF H give street add	dress) Nava	inution (i	f not in hospital spital			ION (Kind of work no life, even if ret Navy		126 KIND INDUSTRY		INESS OR
13a. admi	USUAL RESIDENCE (V	Vhere decease	d lived, if in	stitutian: Resi	idence befare		OR TOWN	13d. MISIDE CITY LIF		STREET AND NUME				
odiiii	ssion) STATE Mar	yland	130. COUN	''' Mont	gomery	Ken	sington	YES NO	×	3541 Raym	noor	Road		
14 F	ATHER'S NAME	First	Mide		Last		IS, MOTHERS M.	AIDEN NAME FI	irst	Mic	ddie		I	Last
	Hen	ry	H		REILY			Willie				I	LYLE	2S
16a.	WAS DECEASED EVER	I III U.S ARMI	D FORCES?	(a)	CIAL SECURITY N		INFORMANT	Kensi	ingtor	, Md. Add	Iress			-
_ '	es ve osunknawn)	(11) (12)	0.00.03 0.70.4	215	38 3578	3 M	rs. Haze	el Reil	y 35	41 Raymo	or R	load		
	18. CAUSE OF DEA PART I DEATH	WAS CAUSED	BY.				'IVE HEA	RT FATI	LURE				ROXIMATE EN ONSET	INTERVAL AND DEATH
	4210	IMMEDIAT	TE CAUSE (a)			A. Y Vijil aloof High ad	- 4. 4.74 - 1449453	FIR - 1711	D01W			+		
	Canditions, if any,	which days	DUE 10,	UK AS A CON	ISEQUENCE OF									
	rise ta immediate	cause (a),	(b).		NSEQUENCE OF									
	stating the underl	ying cause	DUE 10,	UK AS A CUI	NSEWHENCE OF									
	PART 2 OTHER SIG	MIEICANT CON	(I)	TRIPHETING TO	DEATH BUT NO	T DELATED	TO THE TERMINA	I DISEASE OR C	ONDITION O	SIVEN IN PART 1/A				
	4341	MILICANT COM	ATTIONS CONT	INDO INO TO	DENIII OUI IIO	T KELKIED	TO THE PERMIT	L DIDEASE ORE	Onbinoit	STEEL IN LAKE ION				
CERTIFICATION	190. DATE OF OPERA	TION 19b. C	ONDITION FO	R WHICH OPER	RATION WAS PER	FORMED	20a. AUTO	PSY?		IF YES, WERE FINI	DINGS CO	NSIDERED II	N CERTI	FYING
							YES X	NO 🗂	CAI	USES OF DEATH?				
	21a. ACCIDENT WAS			ME OF INJURY		21c.	HOW INJURY OC	CURRED (Enter	nature af	injury in Part 1 ar	Part 2, Ite	em 18.)		
MEDICAL	OR CONTRIBUTING [	TANGE OF DEATH	HOUR .	A.M Manti P.M.	h Day Year 19									
MEC	21d. INJURY OCCUR While Nat while of work at work	RED 21e. (	PLACE OF INJ			ORY,) 21f	LOCATION Street	et or R.F.D. No.		City ar Town		County		State
	22a   certify t	hot (this	hospital)	ottended	the decease	d from.	Oct 23	, 19_6	<u>ාරි_</u> , ta_	Oct. 31	_, 19_	68_, th	nat <b>x(i)</b>	(we) last
	saw the d	ereased all	ive an	Oct 3	y view the b	9_68.c	and that in (m	y) (our) opi	nian dea	th accurred on	the dot	e ond ho	ur and	1 from the
	22b. SIGNATURE	100	4	1.			ATTENDI	NG — M	IED r	STAFF 571		ATE SIGNED		
		1/10/19	160	m	-	DE	GREE PHYS	L D	RECTOR	PHYS.	Nov	. 1,	196	8
	22d. PHYSICIAN'S NAME (Type)	R. D.	. GASK	INS, M	D		22e. ADE Nava		ital,	Bethesd	a, M	d.		
	BURIAL, CREMATION PERSONAL (Specify)		ATE -4-68		23c. NAME OF C	ton	or (rematory <b>Nationa</b> l	L Cemet	23d 100 ery	ATION (City or Town Arlingt	n) On	(County) V	/a .	(State)
24.	FUNERAL DIRECTOR	Rober	t A. I	Pumphr	ey APUSSe	ral	Home	2So. REC'D B				IGNATURE		
					-3. 143			NO.	W C	1000 (	201,-		0	1.5

VR A15 [4] 30M REV. 1/68

rilled in by the funeral propagate gages I and 2 ithin a sours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample ally director, page 3 shauld be detached for use as the burial-transit permit. Then please remany carbon, shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any evertity with



Give Pages 1,

pencil

This certificate shauld cate, writing the ward

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File

pages

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haurs after death

14735 ECEASED-NAME Type or Print)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DECEASED-NAME Middle 2a DATE KNOWN X Month Day 2b HOUR (Type or Print) RUBY STONE RHODES DEATH MATED Doctober 8 1968 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX S. DATE OF BIRTH 6 AGE (In years last birthday) White Nov. 9. 1924 43 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9 COUNTY OF DEATH country) Virginia WIDOWED [ DIVORCED 🔀 U.S.A. Montgomery County 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working ite, even if retired)
Housewife give street address) Washington San. & Hospital Takoma Park 13d INSIDE CITY L MITS? 130 US\_AL RESIDENCE (Where deceased ved, if institution, Residence before 13c CITY OR TOWN adm ssion) STATE and Kent Village YES X NO George 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME Roy Lee Lambert Gernie Bright 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) Hospital Record & Brother APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b).

PART I DEATH WAS CAUSED BY: BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Coronary. Throm bosis - Acrite -Canditions, if any, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19a. DATE OF OPERATION 19b COND ITON FOR WHICH OPERATION 20. AUTOPSY? 3 WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18. HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 12 and in my opinion death resulted fram. Natural causes Accident . Suicide . Hamicide \_\_\_\_ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER M **EXAMINER'S** John G. Ball ADDRESS(Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE 23d LOCATION (City or Town) (County) BEMOVAL (Specify) 10/12/68 West Augusta Virginia West Augusta Cemetery 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md.

1968

VR ATSME (5)

Health





TO MOSPITAL OR ATTENDING PHYSICIAM: The law requires that the Math certificate by emicuted within 24 haurs after death.

Rage 4 may be remined by the Maspital at attending Physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral

304

# MARYLAND STATE DEPARTMENT OF HEALTH

14749

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		Cl	KIIFIC	ALE OF DEATH					
1. DECEASED-NAME (Type or print)	First	Middle	,	Last	2a. DATE OF	DEATH CONCERN	വളാം ച	OÆ BIT	25. HOURA 2:40 A
	Robert	Joseph		Riley , Sa.	061				IF UNDER 24 HRS.
3. SEX Mal	e A RAI	White		s. date of birth 7 July 1921		6. AGE (In year		UNDER 1 YEAR ONTHS DAYS	HOURS MIN
70 BIRTHPLACE (Stote country) Washingt	on, D.C.	USA	WIDOWED [	DIVORCED D	9. COUNTY OF	Mont	gomer		Mo
10. (ITY OR JOWN OF Bethes		IN NAME OF HOSPITAL OR INSTITUTE CLINICAL	Center	r, NIH duringAl	at occupation It o writing	if Exemption	ired)	126 KIND OF B INDUSTRY 180 - 8	usiness or mploye
13a USUAL RESIDENC admissian) STATE Mary Lan	(Where deceased lived,	if institution Residence before 1 OUNTY Montgomery \$				eet and numi 22 <b>Arc</b> c		venue	
14 FATHER'S NAME	First	Middle Last	15.	MOTHER'S MAIDEN NAME F	irst		ddle	Gill	last
	Lliam VER IN U.S. ARMED FORCE (If yes give war or dates of the control of the con		15	Mary Formant Bether	odayana Rejentis	Ellen Frank	malest.	CYXX 4 CANAGE	MJ
PART 1. DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE DUE TY, which gave ate cause (a),	use per line for (a), (b), and (c).)  Adenocarcinor  TO, OR AS A CONSEQUENCE OF  (b)  TO, OR AS A CONSEQUENCE OF	na of	Stomach with	genera	l meta	stase		ATE INTERVAL SET AND DEATH Years
PART 2 OTHER		(c)				I IN PART 1(a)	DINCS COM	SIDEDED IN CEL	TIEVING
190 DATE OF OP		N FOR WHICH OPERATION WAS PERF		20a. AUTOPSY? YES ☑ NO ☐	[CAUSES	OF DEATH?	Yes		IIFTING
S OR CONTR BUTIN	G CAUSE OF DEATH HO medical examiner)	D, TIME OF INJURY DUR A.M. Month Day Year P.M. 19		W INJURY OCCURRED (Ente		y in Part 1 ar i	Part 2, Iter	m 18.)	
While Nat	unck L.	INJURY ( AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.				ar Tawn		Caunty	State
22a. I certif saw the causes	y that (4) (this hospi e deceased alive on stated above, (4) (w	tol) attended the deceosed 27 October 19 e) (did) (didina) view the bo	from 1 68 , and ady ofter d	L October, 19 6 I that in (1999) (our) opi leath.	oo_, to27 Inion death o	Octobe			(We) los nd from th
22b. SIGNATURE	12 and	A. Brazz	hy y gegr	EE PHYS L D	MED. DIRECTOR	STAFF PHYS.	1	te signed .0/27/6	
22d. PHYSICIAN NAME (Typ	,	Bray, M. A.	,	22e ADDRESS The Institutes					
23a BURIAL, CREMAT REMOVAL (Speci	10N, 23b DATE (y) 10-30-1	968 Gate of	Heave	en Cemeteru	Si	h (City or Tow Luch S	กร้างเ	(County) Z. Mo.:X	(State)
24 FUNERAL DIRECT	Pa ant	1. In fee ADDRESS		DA AL 250. REC'D B	BY REGISTRAR	2Sb. REG1	STRAR S SIG	GNATURE	





## MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14751

14743

CERTIFICATE OF DEATH

		,			-			
	N 22		1. DECEASED-NAME	First	Middle	Last	2a. DATE OF DEATH	2b HOUR
death	10 de 10	1	(Type or print)	Mis	1.1	Q 1 C D G 1 .	Manth	Doy Year CACIA
e	E 0 8	\	,	THECaret		RISDON	10	CF 10.03 M
6	4\_\E\	1	3. SEX	4. RACE		S DATE OF BIRTH	6 AGE (In year	TE UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS GAYS HOURS MIN
after	(军是)	0	FEMAL	F CAL	1 C A S I A G	5/12/18	lost birthday)	YRS. MONTHS GATS MOURS MIN
5	300	7				8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
2	- 4		70. BIRTHPLACE (Stot	W. KS BUNS	( + + + -	MIDOINED LS. DINOBLED	House	1m 5 b
74	filled in popers. hin 72 h	8	VA.		ED NATES	WIDOWED DIVORCED	SUAL OCCUPATION (Kind of work most of work ng life even if reti	The February of Md
Ξ	∰ g-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	D.	10, CITY OR TOWN O	F DEATH	NAME OF HOSPITAL OR INS	Illulion (it not in hospital	SUAL OCCUPATION (KING of Work	dane 12b KIND OF BUSINESS OR INDUSTRY
=	pletely fi carbon   ent, with	Luci	TAKUM		EIT AI B	ANY AVE.	NIAUS ALE B	7
i.	Pa 음 는	1		CE (Where deceased lived, if inst		13€ CITY OR TOWN 138 INSIDE CI	TY LIMITS? 13e STREET AND NUMB	ER .
Ĕ,	comploye c	13	odmission) STATE	~ \ 3b. COUNT	Y	WASHINGTON YES &	NO 1300 QUI	INCY St. WW
¥ (	ling physicion and complete Then please remove carl removol, and in any event,	. 0	NA CATHER & HARE	5 . 2	1	Is, mother's maiden nam		
be exe	ren n an	3	14. FATHER'S NAME	First Middle	Lost	IS. MUTHER 3 MAIDEN NAM	E FIRST MITG	die
ارة	d in	2	(	JOHN . J.	GEORGE		· GARET	NAWLETT
de T	49 B E			EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY N	0 17. INFORMANT	Addi	ress
≅	S P P	5	Yes, no, or unknow	WIT) (If yes give war or dates of service)		IPFland	RW.	
ert.	Pho No			The state of the s	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7	APPROXIMATE INTERVAL
9	E T	5		DEATH (Enter only one couse per EATH WAS CAUSED BY: //	77-ne far (0), (0), and (c).)	(30)	)	BETWEEN ONSE'S AND DEATH
ad ad	art.	-	PARI I. D	IMMEDIATE (AUSE (a)	LULLILOY.	ary Lille	<u> </u>	ay noneyo
ō	ottending physición opermit. Then please on, or removol, ond is	(4)	4/2	2.9 DUE TO/	PAS A CONSEQUENCE OF	Q.	1/ 10	2 15
ŧ	9 th	1 2	Canditions, if a	ony, which gave	aleren	my of so	LIGHT KERZK	20 0 467
₽.	中区	1		liate couse (o), ( )	IR-AS A CONSEQUENCE OF		7	
≠ <u>,</u>	₹ 5 p	DX		nderlying cause	CONSEQUENCE OF	Prode To	a & Ca Voi no	20
	ial-	. 7	last	J (d)_	January Contract	of the state of th	12 110 41010	
requirem that the death certificate)	signed by the ottenc burial-transit permit burial, cremotion, or	3	PART 2 OTHER	SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISEASE	DR CONDITION GIVEN IN PART 1(0)	
2 2		-	24		.)			
8 €	icate hos been far use as the Health prior to	`,)	3 19a, DATE OF O	PERATION 196. CONDITION FOR	WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?	20b IF YES, WERE FIND	INGS CONSIDERED IN CERTIFYING
⊕ · ⊕	os pr	S	21g. ACCIDENT			YES : NO	CAUSES OF DEATH?	
E 0	ese #	Λ,	A ACCIDITION	Mac Didocolvino Lass Burn	ac almay		-	2 . 0
ÿ_°	e i co	7		WAS UNDERLYING 216, TIMI	E OF INJURY M. Month Day Year	21c. HOW INJURY OCCURRED (E	nter nature of injury in Port 1 or F	art 2, Item 18)
3.6	連号を	- 6			M. 19			
<b>—</b> 50		,		CCURRED   21a, PLACE OF INJUI	RY / AT NOME, FARM, STREET, FACT	ORY.) 21f LOCATION Street at R.F.D	No. City or Town	County State
<b>a</b> -c	his ce etoche Dept.	Ļ	While Nat	t white	OFFICE BUILDING ETC	100	@	
ے ق	투용글	d	at wark at	wark —		9: 10:	163 lot of 9	10/2/2 45-4 (1) ()
졸음	유효율	0	22a. I certi	fy that (I) (this haspital)	arrended the decease	d fight and that in (mu) (mu)		_, 19 <u>4'4</u> , that (I) <del>(we)</del> last
ž 7	e e	-	saw tr	ne deceased alive an description (d) (we) (d)	27I` Lal\ Caliat manak\ caincon aban la	te 23, and marin (my) ( <del>our).</del>	opinian aearn accurrea an r	he date and haur and fram the
<b>E</b> · <b>S</b>	<b>6</b> 0 4				ia) (a <del>ia no</del> i) view ille i	Judy difer death.		L no. part require
OR ATTEM he retnined	ECTOR: / 3 should with the	7	22b. SIGNATURI	12/1/04	11. 12.0	ATTENDING ATTENDING	MED STAFF	22c DATE SIGNED
<u> </u>	5 a 5	~	4/Vt	WELL	in the	// DEPKE BHAZ	DIRECTOR L PHYS. L	10/9/00
<b>Z</b> 2		-	22d. PHYSICIAI		17	ADDRESS (	172,01/06	W1.4"
4 TOV	FUNERAL Irector, pag hould be fi	1	NAME (Ty	beil uneller	11-4116	3/4/9/2 4U/	" MILESTON	/ (1)
0 2	O FUNER director, should b		23a. BJRIÁL, CREMA	ATION. 23b DATE	23r NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town	n) (County) (State)
Pone	Signal Si		BUTTAR			d Cemetery	1	, , , , , , , , , , , , , , , , , , , ,
2	<b>5</b> ⊕ ₽						Washington,	
	VR A15 (	(4)	24. JUSE DI	Gawler's Sons	Inc. ADDRESS.	Wisc. Ave.		STRAR'S SIGNATURE
	30M REV.	1/68	N.W.	Wash. D.C.	20016	DATE	CT 1 / 1968 PC	leaves Indas



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1	4	7	5	2

- 1				EKINICALE O	DEATH				
		CEASED-NAME First	Middle	Lost		2a DATE OF D	EATH Month 25 Day	68 Yens	2b HOUR
	_	Laura	NMN	Roger					5: 30pm
	S SE	Female	4 RACE White	S DATE OF	29 <b>-</b> 183		6. AGE (In years last birthday) 81. YRS.	IF UNDER 1 YEAR  MONTHS DAYS	IF UNDER 24 HRS. HOURS MIR.
		IRTHPLACE (State or foreign fry)  Penna	75. CITIZEN OF WHAT COUNTRY? U.S.	8 MARRIED   NEVER I	MARRIED	9. COUNTY OF D MOT	ntgomery		Md
		ITY OR TOWN OF DEATH Olney	11 NAME OF HOSPITAL OR INST	General		ast of working lif	(ind of work dane e, even if retired) her	126 KIND OF INDUSTRY	BUSINESS OR
30	lo. Imi	USUAL RESIDENCE (Where deceases and STATE Md.	ed lived, if institution. Residence before 13b COUNTY Montg.	13c CITY OR TOWN  Gaithers	138 INSIDE CITY (S	IM TS? 13e STRE	Box 306		
	4. F	ATHER S NAME First	Middle Last	IS MOTHER S	MAIDEN NAME F	irst	Middle	*	Last
		Alexander	Black		Cass	sia.			Black
	16a	WAS DECEASED EVER IN U.S. ARA BS. no. or unknown) (If yas give v	MED FORCES? 16b SOCIAL SECURITY N	IO. 17 INFORMANT			Address	11	
	,	NC		Mrs	Ann R.	. Sehwa	rtz	13 200	<u> </u>
		Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	V, D.	-		4	. c.d.	eleng.
		PART 2 OTHER SIGNIFICANT CON	IDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NO	IT RELATED TO THE TERM	INAL DISEASE OR C	CONDITION GIVEN	IN PART 1(a)		
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	RFORMED 20g. A	UTOPSY?	CAUSES C	ES, WERE FINDINGS ( OF DEATH?	ONSIDERED IN C	ERTIFYING
	MEDICAL CER	21a ACCIDENT WAS UNDERLYIN  ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT  (If either, natify medical exami	H HOUR A.M. Month Day Year ner) P.M. 19				in Part 1 at Part 2,	Item 18.)	
		at wark at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		1 -		r Tawn	County	State
		22o. I certify that (I) (the saw the deceased o causes stated above	is hospital) attended the decease live on 19 e, (I) (we) (did) (did not) view the b	d from 7 7 7 7 7 7 7 7 9 9 9 9 9 9 9 9 9 9 9		, to/// inion death oc	curred on the do	thote ond hour	(I) <del>(we</del> ) lost and from the
		22 SIGNATURE	duralle	DEGREE PHYS		AED DIRECTOR	STAFF D 22c.	DATE SIGNED	-6 y
	,		K Schumuch				DU. 49,	Hd	
			CT. 26 1968 LEE	EMFTERY OR CREMATOR	c Home	WAS,			(State)
	24	FUMERAL DIRECTOR	Railin Sayl	onwelle.	2Sa. REC'D B		25b. REGISTRAR'S	SIGNATURE	edge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.



ADDRESS

LEGNARBTOWN, MARYLAND

250. REC'D BY REGISTRAR

1968

DAPCT 28

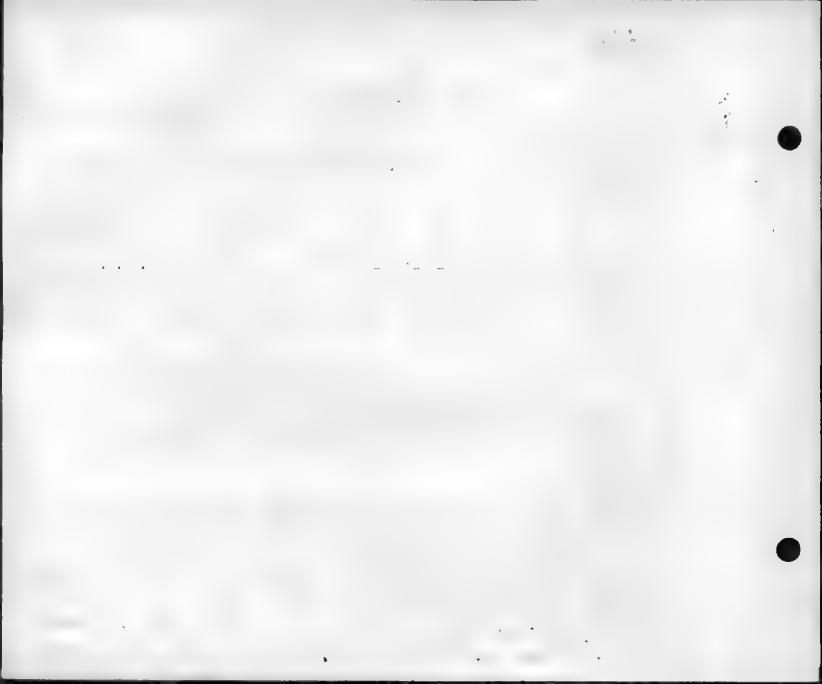
2Sb REGISTRAR'S SIGNATURE

VR A15 (18) 24. FUNERAL DIRECTOR
W.CLARKE N

W.CLARKE MATTINGLEY







VR A15 (4) 30M REV 1/68 MARAH ARIT

10-23-1968

2Sq. REC'D BY REGISTRAR Joseph Gawler's Sons Inc., 5130 Wisc. Ave 2Sb. REGISTRAR'S SIGNATURE 28 Milarlas 1968

Columbus, Ohio

2b HOUR P

3:40 M

Last

State

Abel

TORL.

4

30M REV, 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14751

#### CERTIFICATE OF DEATH

14759

		Z Z T U Z	OI DEATH
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission)
	1	o. COUNTY	o STATE - D. COUNTY - D.
		b. CITY OR TOWN (If outside corporate index) (. LENGTH OF STAY IN ID	CITY OR TANK (II
	1	b. CITY OR TOWN (If outside corporate imits) write RURAL god give negsest town)	c CITY OR TOWN (If gutside corporate limits, write RJRAL and give nearest fown)
		TSettasda 90 ags.	Diller Dylring
	(	d. NAME OF HOSPITAL OR INSTITUTION (H not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE
		Vihrenze	505-5-0V122Clar X 72 YES IN NO IV
	2 (	NAME OF Firs? Middle	
	1	DECEASED ON A DISC	Lost 4 DATE Month Doy Year
27			DEATH 10
r	5. 3	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B.	DATE OF BIRTH  9 AGE (n years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min.
	6	entile Whater WIDOWED DIVORCED	12-2-89 78 yrs
7	10a.	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT
	dun	ing most of working life, even if retired) INDUSTRY	William ( COUNTRY? 51 )
	13	FATHER'S NAME	14 MOTHER S, MAIDEN, MAME
	-	->	13 HOTTICK STRUCTURE OF THE STRUCTURE OF
		1/2/5/12/1 0 tagler	CITA LINE
	15   (Y=	r no expelionación (11) una sign que or deter of capital	IFORMANT Address
	1.0	s, no, or unknown) (ii yes give wor or object of service)	unliter - Iller, on Ken Stome
		1B. CAUSE OF DEATH (Enter on y one couse per line for (b), (b), and (c))	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ARTERIOSCLEROTIC	CEREO DOVATOLLAR DISPOSE ONSET AND DEATH
			Carried and Carre Asset
		TO / 9 DUE TO	
		Canditions, if any, which gove (b)	
		stoting the underlying couse DUE TO	
		lost. 334 x ) (c)	
	<b>→</b>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
1	CERTIFICATION	DIABETES MELLITUS. ARTELIOSCI	EROTIC HEART DISCOULE YES NO K
`	5		inter noture of injury in Port I or Port II of item 18)
		OR CONTRIBUTING CAUSE OF DEATH	the house of highly his rest to the troth to be the troth to be
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
i	MEDICAL	The second second second	E OF INJURY (Home, form, ) 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	¥	Haur o.m. 19 While Not While of work of work	ry, sneer, once plag., etc.)
Ì			9-27 1968 to 10-9 1968 that (1) (we) last
			death accurred at 130 P.M. from causes and an the date stated above.
	- 1	220 SIGNATURE	22b. DATE SIGNED
		6-1 2 11 Fu.	ATTENDING MED. STAFF
		22c, PHYSICIAN'S MD	PHYS. TS DIRECTOR PHYS. 1000
1		NAME (Type) PICHARD H. COLLEN MD	10400 CONNECTICUTAN KENGINGTON MA
1			
	230	BUR AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CR	REMATORY 23d LOCATION (City or Town) (County) (Stote)
	1		Cemetery, Littlestown, Adams Co.Pa
	24.	FUNERAL DIRECTOR 7557 APPRISSO TO STATE OF THE PRISSO T	250 REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
	,	PORFUT A DIMPUPEY Pothodo Marri	1 and Oct 0CT 1 4 1968 Illiantes Indee

entificate be executed within 24 lours after death. physicion and completely fill Then pleose remove corp TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysicion and complete director, page 3 should be detached far use as the burial-transit permit. Then please remove cord should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. TO MOSPITAL OR ATTINITIES MITSICIAN: The law requires that the Beoth Page 4 moy be retained by the hospital or ottending physicion.

papers. Pages I and 2

VR A15 (4) 25M 1/67



hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours as Page 4 may be retained by the hospital or ottending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely if the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon is should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within

CERTIFICATE OF DEATH

	-			`										
	CEASED-NAME	First		Middle		Last		2a. DAT	E OF DEATH				2b. I	HOURPIV
- [1	'ype or print)	Robert	a	Joan		Rusnak			October	31	<b>y</b> 19	68	10	: 204
3 SE	X		4 RACE			S. DATE OF B	IRTH		6 AGE (	In years	IF UNDER		F UNDER	
	Female		W.	hite		13 Ju	Ly 1944		lost bir	thday) YRS.	MONTHS	OAYS	HOURS	MIN.
70 E	BIRTHPLACE (Stote	or foreign	76. CITIZEN OF W	HAT COUNTRY?	B. MARRI	ED 🔃 NEVER MAI	RRIED	9. COUNTY	OF DEATH					
caur	"Illinoi	s	USA		WIDOW		RCED 🔲		Monte	omery	-			Md
ID. C	Bethe	DEATH	11. N gye U h	IAME OF HOSPITAL OR IN: street oddress) e Clinical	Cent	If not in hospitol			TION (Kind of king life, even ewife	work done	12b.	KIND OF JSTRY	BUSINESS	OR
	USUAL RESIDENCE ission) STATE Marvla		ed lived, if institu	tion. Res dence before	13c. CITY	or town	136. INSIDE CITY ES	M4255 130	STREET AND	NUMBER		Į.		
14	ATHER'S NAME	First	M <sub>r</sub> ddle	Last	INCHI	IS MOTHERS M		ırst		Middle		-	Last	
		smus	J.A.	Rasmuss	en		Twile					Els	ey	
160.	WAS DECEASED EV	ER IN U.S. ARA		16b SOCIAL SECURITY	NO I	7 INFORMANT .	Betheso	la, M	aryland	Address				
Y	es, no, ar unknown	) (If yes give w	ar or dates of service)	228-58-99	80	The Medi	ical Re	cord	s, The	Clini	cal	Cen	ter	
	18. CAUSE OF D PART I. DEA	TH WAS CAUSEI	ly one cause per i ) BY: ITE CAUSE (a)	ne for (o), (b) and (c). Pneumonia	.}								MATE INTERI INSET AND C	
	* * * * * * * * * * * * * * * * * * * *	X		AS A CONSEQUENCE OF										
	Canditions, if any		(6)	Hodgkin's	Dise	ase						5 у	ears	
	rise to immedia stating the unde		DUE TO, OR	AS A CONSEQUENCE OF										
	lost.	)	(c)											
	PART 2 OTHER S	IGNIFICANT CO	IDITIONS CONTRIB	JTING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR (	ONDITION	GIVEN IN PART	1(0)				
NC	XUIX													
CERTIFICATION	19a. DATE OF OPER	RATION 19b	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20o. AUTO		r	IF YES, WER AUSES OF DEATI			ED IN CI	ERTIFYIN(	3
	210 ACCIDENT W				210	. HOW INJURY OC	CURRED (Enter	r nature of	injury in Part	I ar Part 2,	Item 18.	)		
MEDICAL	OR CONTRIBUTING  (If either, notify													
	21d. INJURY OCC While Not wo	URRED 21e.	PLACE OF INJURY	( AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.					City or Tawn		Count	•		tate
	22a. I certify saw the causes s	that (4) (th deceased a tated abave	is hospital) at live an 31 2,343x(we) (did)	tended the deceas October (titikess) view the	ed from 9 68, bady aft	22 Octo and that in <b>K</b> er death.	oer , 19 c Ky) (aur) api	o⊠, ta inian dec	3L_Oct	an the d	ate and	, that I haur	(¥) (w and fra	e) last im the
	22b. SIGNATURE	te L	2 Fore	u	D	EGREE PHYS	L D	AED IRECTOR	STAFF PHYS	<b>2</b> 1	DATE SIG Nov	emb		968
	22d PHYSICIAN S NAME (Type)		r J. Ros	sen, M.D.			orgs The titutes							and
23a	BURIAL, CREMATIC REMOVAL (B) eqfy	on, 23b.	11-4-			or crematory		23d LO	CATION (City o	Fair	(Cour		(Stote	
	FUNERAL DIRECTOR	?		ADDRESS			25a. REC'D B			REGISTRAR'				
F 87	or 1 v - Wh	nest le	v Eune	ral Home.	Ale:	x.Va.	L NO	V G	1992	och	me	. 17.	100	

VR A15 (4) 30M REV 1768



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## MARYLAND STATE DEPARTMENT OF HEALTH

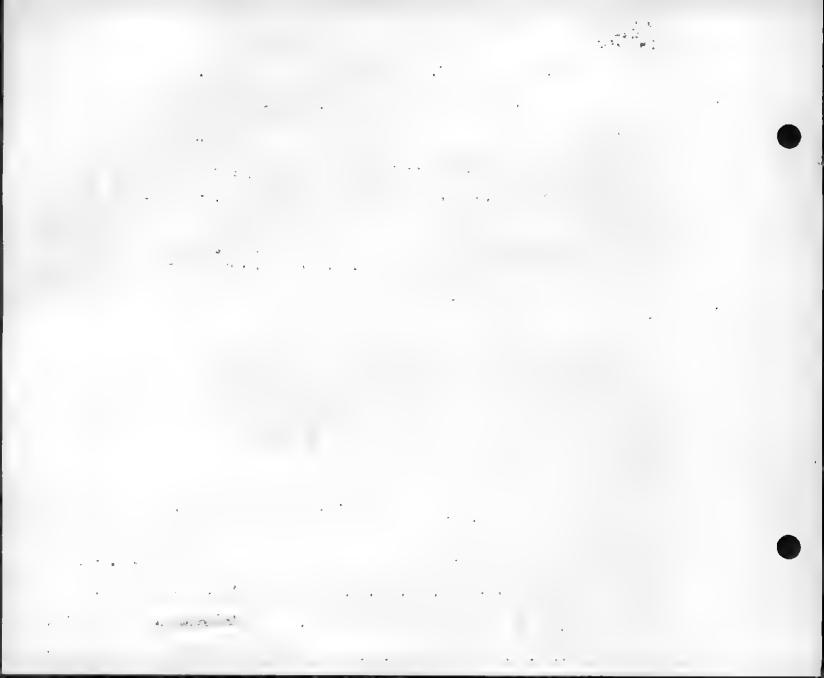
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1476.
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	ECEASED-NAME	First		Middle		Last			UF DEATH	D	V	26. HOUR P
(1	ype or print)	Agne	S	н.	SAR	OFF		00	CT. Month	роү	30 Year 6	8 1245 4
3. SE	X	4	. RACE		9	DATE OF B	IRTH		6. AGE (In	years	IF UNDER I YEAR	IF JNDER 24 HRS.
	Female		Cau	casian		Nov.	12, 1919	9	lost Buth	day) YRS	MONTHS DAYS	HOURS MIN
7o. l	SIRTHPLACE (State or fo	ore gn 7b.	CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MAR	PRIED 9.	COUNTY	OF DEATH			-
canı	<sup>itry)</sup> Indiana	1	USA		WIDOWED			Mont	gomery			Md
	ITY OR TOWN OF DEAT	Н	11	NAME OF HOSPITAL OR INS	TITUTION (If not	in hospitol			ION (Kind of we	ork done	126. KIND OF	BUSINESS OR
	Bethesda	ı	gi	ive street oddress) Hos	pital		during most	t of work sewil	ing life, even if <b>EC</b>	retired)	INDUSTRY	
130.	USUAL RESIDENCE (WH	ere deceosed li	ved, if inst	itution: Residence befare			13d. INSIDE CITY JAN1		STREET AND NO			
oam	ission) STATE Max	yland	136. LUUJU	bntgomery	Rockvi	lle	YES 3 NO [		11027 Ma	arcli	ff Road	
14. 1		rst	M.ddle		is	MOTHER 5 M	AIDEN NAME Firs	st		Middle		Lost
	Pet			Hubert			Veror				Dor	ahue
lóa.	WAS DECEASED EVER	N U.S. ARMED I	ORCES?	16b SOCIAL SECURITY I	IO. 17. IN	ORMANT	Rd.	Roc	cville	Address 1	Marylar	nd
1	es 100 or unknown)	(II yas give wor or c	JOIES OF SETVICE!	NONE	Ca	pt. H	erry A.	Sarc	off, PHS	5, 110		
	18. CAUSE OF DEATI	(Enter only or	ne couse pe	er line for (a), (b), and (c).								IMATE INTERVAL DISET AND DEATH
	PART I DEATH V	VAS CAUSED BY.  1MMEDIATE C		Carcinoma	of th	e brea	est					
	174X	INDICEDIATE C	. , –	OR AS A CONSEQUENCE OF								
	Canditians, if any, w		(b)_									
	rise to immediate a stating the underlyi			OR AS A CONSEQUENCE OF								
	last.	)	(c)_									
	PART 2 OTHER SIGNI	FICANT CONDITI	ONS CONTR	IBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE OR COI	NDITION (	GIVEN IN PART 1	(a)		
2	1107											
CERTIFICATION	19a. DATE OF OPERATION	ON 196 CONS	DITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?		b IF YES, WERE I	FINDINGS CO	ONSIDERED IN C	ERTIFYING
THE						YES [TIL	NO K	CA	USES OF DEATH?			
	21o. ACCIDENT WAS			E OF INJURY	21c. H0\	V INJURY OC	CURRED (Enter n	nature of	injury in Port 1	or Port 2, li	tem 18.)	
MEDICAL	OR CONTRIBUTING (If either, notify med		HOUR A.	.M. Month Doy Yeor .M. 19								
MEI	21d INJURY OCCURR	ED 21e. PLA		RY (AT HOME FARM, STREET, FAC		ATION Street	et ar R.F.D. No.		City or Tawn		County	Stote
	While Not while at work											
	22o. I certify th	at 👯 (this h	aspital)	ottended the decease	d fromS	ept.	10_, 19_68	3_, ta	Oct.	30_, 19_	_68_, tho	(b) (we) last
	saw the de causes state	ceased alive ed abave,**)	an (we)(di	id) (did nat) view the	9 <u>00</u> , and body after de	that in pa eath.	ry) (our) opini	ian dea	th accurred o	n the dat	re and haur	ond from the
	22b SIGNATURE	7	11	1,51	m.D.	ATTENDI	ue ur	0	CTAPE	22c. D	ATE SIGNED	
		redor	e M.	Wyson In	DEGRE	ATTENDI PHYS	DIR	D. RECTOR	STAFF PHYS.	ed Oct	t. 30,	1968
	22d. PHYSICIAN'S			U		22e. ADI						
	NAME (Type)	Theodox	re H.	Wilson, Jr	, M. D	Na	val Hosp				Md.	
23a.	BURIAL, CREMATION,	23h DATE		23c. NAME OF					ATION (City or T		(County)	(State)
	REMOVAL (Specify) Burial	Usa.	9/2 /	7 0 0	David C	emeter			Is Chur			Va.
24.	FUNERAL DIRECTOR C	oldber.	g Fun	eral Homedess			25o. REC'D BY	REGISTRA		EG STRAR'S		
	4217 9th	St., N.	. W.	Washington.	D. C.		DATENOV	4	1968	lua	May Ju	Lee.

VR A15 (4) 30M REV 1/68



executed within 24 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	4	7	6	4
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14	7	5	-
CEASED-1	MAR	E	

	12190			(	EKIIF	ICAIL OF	DEATH					_		
	ECEASED-NAME	First		Middle		last		20 DATE OF				2b. HOUR		
{1	Type or print)	Thomas		Joseph		SAUNDER	S	OCT	Month	30 Day	68 Year	0130 <sub>M</sub>		
3. 51	X		4. RACE			S. DATE OF E			6. AGE (In	years	IF UNDER 1 YEA			
	Male		Caucas	sian		23 I	ecember	1928	lost birth	YRS.	MONTHS DA	NYS HOURS MIN.		
7o.	BIRTHPLACE (Stote or	foreign 7b.	CITIZEN OF WH	IAT COUNTRY?	8 MARRIE	D 🔀 NEVER MA	RRIED 9.	COUNTY OF	DEATH					
, W	ashington	, D.C.	U.S.		WIDOW		RCED 🗍	Mont	gomer	У		Md		
10. (	TITY OR TOWN OF DEA	HTA		AME OF HOSPITAL OR INS treet address) BVal Hospi				OCCUPATION Lof working S. 112.V			12b. KIND INDUSTR)	OF BUSINESS OR		
	thesda, M			on. Residence before			13d INSIDE CITY JM.1		Y REET AND NI					
odm	ission) STATEVir	ginia	13b. COUNTY ]	Fairfax	Fair		YES X NO	100 -11	12 Br		od Dr.	ive		
14		First	Middle	lost			AIDEN NAME Firs	it _		Middle	-	Last		
	R	ichard	E.	SAUND	ERS	Flore	nce	7			Ρ.	latzer		
	WAS DECEASED EVER	IN U.S. ARMED		16b. SOCIAL SECURITY N		7 INFORMANT				Address				
	168 no or unknown)	1.100	***************************************	579-36-	21.28	Navy	Records							
				ne for (a), (b) and (c).)								ROXIMATE INTERVAL EN ONSET AND DEATH		
	PART I. DEATH	WAS CAUSED BY		Massive ce	rebra	al hemor	rhage							
	13/3	1		S A CONSEQUENCE OF										
	Canditions, if any, V		(b)											
	rise to immediate stating the underly			S A CONSEQUENCE OF										
	last.	}	(c)					<del></del>						
	PART 2 OTHER SIGN	UFICANT CONDIT	IONS CONTRIBU	TING TO DEATH BUT NO	T RELATED	TO THE TERMIN	AL DISEASE ORCOI	NDITION GIVE	IN PART I	0)				
8	33/			<u>.</u>										
CERTIFICATION	19a DATE OF OPERAT	ION 19b. CON	DITION FOR WH	ICH OPERATION WAS PER	FORMED	20a. AUT					ONSIDERED II	IDERED IN CERTIFYING		
RTIFI						YES X	_		OF DEATH?					
	210. ACCIDENT WAS		216 TIME OF HOUR A.M.	NJURY Month Doy Year	21c	HOW INJURY OF	CURRED (Enter n	ature of inju	y in Port I	or Part 2, I	tem 18.)			
MEDICAL	(If either, notify me	dical examiner)	P.M.	19										
~	21d. INJURY OCCUR! While Not while	RED 21e. PLA	CE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	10RY,) 21f	LOCATION Stre	et or R.F.D. No.	City	ar Town		County	State		
	at wark at work													
	22a. I certify th	iat (I) (this b	aspital) atte	ended the decease	d from_	29 SMP		ප_, ta_ <u>_</u> 5	0 001	, 19_	<u>08, I</u> I	iat (?) (we) las		
	causes sta	eeasea anve ted abave. Ø	an_20_0 (we)(did)	(điđ≎A&I) view the l	adv afte	ina marin (# er death.	<del>nhi</del> (ant) abini	ian aearn a	iccurrea a	n the ag	re ana na	ur and train the		
	22b. SIGNATURE	1_	~/							22c E	ATE SIGNED			
	7	three	17.	Ren 1.	H ADI	GREE PHYS.	NG DE MEI	ECTOR	STAFF [					
	22d. PHYSICIAN'S			1		22e. AD								
	NAME (Type)	Franci	s E. Si	ENN, JR., 1	M. D.									
230.	BURIAL, CREMATION,	23b DATI		23c NAME OF	EMETERY	OR CREMATORY		23d. LOCATIO			(County)	(State)		
	REMOVAL (Specify)	NOU	. 4 19	18 Arling	ton I	Vational		Ar	lingt	on		Virginia		
	FUNERAL DIRECTOR	-	1	400 Chapin	G+	n.w.	2Sa. REC'D BY			EGISTRAR'S	SIGNATURE	0		
W	.W. Chamb	ers Co.	1	foo onabin	D	74 4 14 4	DATE NO	V 1 4	1968	TU	ares	Judge		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled such the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then prose semove carban papers they and 2 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 2 hours after death. VR A15 (4) 30M REV 1/68



by the funeral lages 1 and 2 bears after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate de executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached far use as the burial-transit permit. Then please carrove carbon topper should be filled with the State Dept. af Health priar to burial, cremation, or removal, and in any event, within 2

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CEK	HITICALE OF D	CAIN			
		CEASED-NAME First	1	Middle	Last	20 [	DATE OF DEATH Month	Day Year.	2b. HOUR
	(	HO!	Nard	C.	Dchae fe	N V	10	13 6	8-3-13 AM
	3. SE	X	4. RACE	٠,	5. DATE OF BIRT	H	6. AGE (In yea last birthday)	IFS IF UNDER 1 YEAR	
		Male	V/hi	le.	9/2	0/06	62	YRS.	, HOOKS MIN.
ı	7a. l	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT	COUNTRY? 8. M.	ARRIED X NEVER MARRIE	9. <b>COU</b>	NTY OF DEATH		
Ì	cant	D.C.	US	A wi	OWED DIVORCE		102/901	NEYY	bM
	100	TY OR TOWN OF DEATH.	nive stree	OF HOSPITAL OR INSTITUTION address)	ON (If nat in haspital	12a USUAL OCCU	JPATION (Kind of wark warking life, even if ret	dane 1/2b KIND ( INDUSTRY	OF BUSINESS OR
	13a adm	USUAL RESIDENCE Where deced issean) STATE Marylan	and lived if institution	Residence before 13c	1	ES X NO	13e. STREET AND NUMB	ER ,	1 - 1 - 1
				NIGOMERY	Crus		514 /1115	2172110	lave.
ı	14. 1	FATHER'S NAME First	Middle	Last/	IS MOTHER SMAID	- 4	Cottie Mid		Keene
	16.	WAS DECEASED EVER IN U.S. AR.		Schaeter SOCIAL SECURITY NO.	17 INFORMANT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
			wer or dates of service)			- Colonal	Add	10000	pr. Ma.
ı	<u> </u>			79-34-3608	Grances S	. Ochaes	ter 514 Mi	asissippi APPRO	. TUETUE
		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	D BY ACT		opneumoni	.a		BETWEEN	N ONSET AND DEATH
		4129	ATE CAUSE (0)	CONSEQUENCE OF					
		Conditions, if any, which gave		physema					
		rise ta immediate cause (a),	DUE 50 00 44 1	CONSEQUENCE OF					
		stating the underlying cause			roticHear	tDisea	se		
ļ		PART 2 OTHER SIGNIFICANT CO							
	_	1 200	-	enousObes					
	CERT, FICAT ON			OPERATION WAS PERFORM		Y?	20b. IF YES, WERE FIND	INGS CONSIDERED IN	CERTIFYING
	E.F.				YES 🔀	NO 🗀	CAUSES OF DEATH?		
		21g. ACCIDENT WAS UNDERLYI	m . o		21c. HOW INJURY OCCUR	RED (Enter nature	e af injury in Part 1 ar F	'art 2, Item 18.)	
į	MEDICAL	or contributing cause of DEA (If either, notify medical exam		Nanth Day Year 19					
	ME		PLACE OF INJURY (AT		21f. LOCATION Street of	or R.F.D. No	City or Town	County	State
ľ		22a, I <b>certify</b> that (I) (the sow the deceased of	ns hospital) attend	ed the deceased fr	m_ 10-8		to 10 13	, 19 GE , the	of (I) (we) last
		sow the deceased o	alive on 10	1960	$\underline{}_{t}$ and thot in (my)	(our) opinion d	death occurred on t	he dote and hov	ir and from the
		couses stated abov	e, (1) (we) (aia) (aid	a nat) view the bady	atter death.			DO. DATE CIONED	
		22b. SIGNATURE	und He	otin-	DEGREE PHYS.	MED. DIRECTOR	R STAFF PHYS.	22c DATE SIGNED	68
1		22d. PHYSICIAN S			22e ADDRE	_	4 -		
i			rd Ostrow			Eastern		L. Spr. N	<u>aruland</u>
	2 <b>3</b> a.		DATE	23c. NAME OF CEMET	ERY OR CREMATORY	23d	LOCATION (City or Town		(State)
	04.4	Comment of the county	-16-1968	The Line	oln Cemeter	4	Prince	Georges,	Md.
	24	The state of the s	given cur	ADDRESS >	L. Spr. Meb.	OATE OCT 2	1 1968 REGIS	STRAR S SIGNATURE	
7	W	arner L. Pumph	ney, ync.	8434 Georgi	a nue.	ATE UU L	T 1000 %	Thanks J.	-

n n





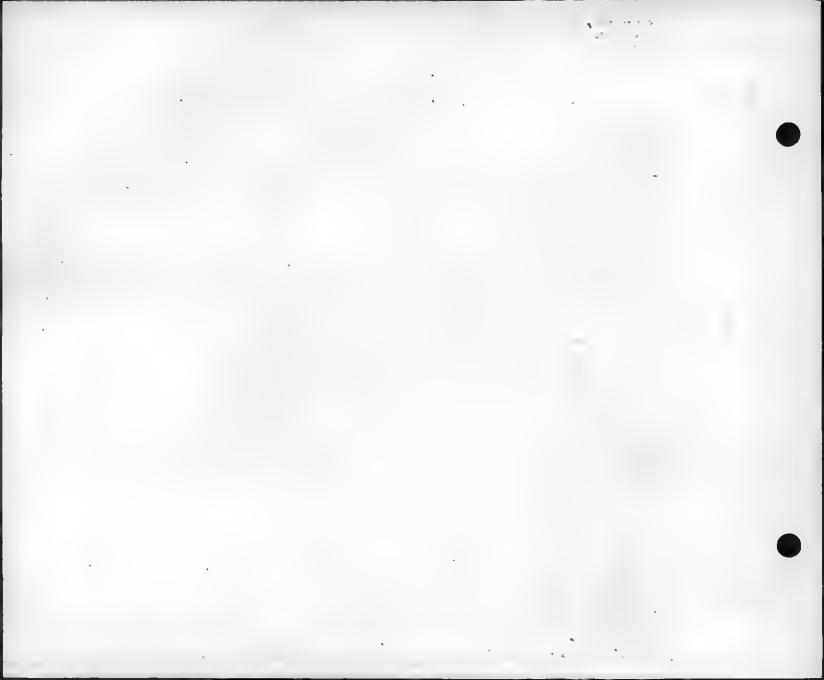


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1 , 1	1	MAKTLAND STATE DEPARTMENT OF MEASURED STATE DATEMENT MARYLAND 21201								
COD CTATE	L	1476 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	14769							
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14109							
HEALTH DEPT.	] ], [	DECEASED NAME (Type or Print)  20 DATE KNOWN Month C OF ESTI	Day Year 2b HOUR							
of of of		1 0 9 3 & G - 0 / OILA - DEATH MATED & OU /	6 1968 4 XX M							
deloy men	3 :		2d HOUR							
6 8		M. W. July 22/8/2 lest bathdeal MONTHS DAYS HOURS MIN Manth - Doy 16	Year 1968 8 AM							
E V		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH								
e G S	(at	Penna- 21.5.A. WIDOWED DIVORCED Montgonnery	Md							
oges of the forestable state	10		26 KIND OF BUSINESS OF							
		along. 12 18. Helly AVE- VElored 4,2 8607	NOW STRIFE CONCLUDED							
after 18 along death	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSDE CITY LIM 157 13e STREET AND NUMBER	A sie							
~ ~ ~ ~		odmission) STATE Md. 136 COUNTY Montgomer 4 Takoma. Pork YES NO 17218. Holls.	Ave.							
Item Office I and 7	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	/Lost							
Z = V × ×	L.	John. Shank Ida,	+ Tat XHMOR							
45	160 WAS DECEASED EVER IN S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INEDRMANT AND ADDRESS									
within mencil xamine xamine 72 hay		Ves. no for Inknown) (If yes give war or dottes of service) 216 44 4448 x Marion B. Shell 1218 - Stally	-AKOME							
in J		IB. AUSE OF DEATH (Enter only one cause per one for (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH							
xecuted in adding in Medical Experimit. First within		PART I DEATH WAS CAUSED BY COFONERY INSUfficiency Acute-	Sudden.							
W d to		DUE TO OR AS A CONSEQUENCE OF								
be exc pend nief Me ansit pe		(and trons, fany, which gave) nse to immediate couse (a).  (b) Cordio Viscular Disease—	40015.							
thauld be on ward be the the Chief the Chief urial-transit any ever		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF								
shauld ne ward o the Cl burial-tr		last (c)								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
ifica ting irde al, a	Z	4.2.,								
is certificate te, writing th farwarded to e meed as a fermaval, and	I S	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?							
	CERTIFICATION		YES NO X							
불급 끝이		21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 11 THE OF INLURY Month, Doy, Year POINT OR CONTRIBUTING 121b T ME OF INLURY Month, Doy, Year POINT OR CONTRIBUTING 121b T ME OF INLURY MONTH, Doy, Year POINT OR CONTRIBUTING 121b T ME OF INLURY MONTH, Doy, Year PRIMARY 121c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	1 IB)							
INER: Te certifice should be files.  3 should attent or other or other.	MEDICAL	CAUSE OF DEATH P.M 19								
KAMINER: te the certite ge 4 shaule yaur files. age 3 shou cremation,	1	21d INJURY OCCURRED  21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town factory, office building, etc.)	County Stote							
		WHILE NOT WHILE TOCTORY, OTTICE DUILDING, etc. ]								
ICAL E executor. Pared for CTOR: 6		22a   certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X	and in my apinian							
		death resulted from Natural causes 💢 Accident 🔲, Suicide 🗐, Homicide 🔲, Undetermined manner 🗍								
TY Blaze y, please rral directo e retaine AL DIREC		CHIEF MEDICAL EXAMINER								
al o la ciriori		SIGNATURE ASS STANT MEDICAL EXAMINER 226 DATE SH	GNED							
DEPUTY Constitution of the prior to		EXAMINER'S DEPUTY MED CAL EXAMINER OF	16,1965-							
TO DEPUTY SIC, necessary, please ethe funaral director 5 may be retained to FUNERAL DIRECT Health prior to but		NAME (Type)  ADDRESS(Street, city, tawn, or county)								
5 g = 2 5 ±	230	BURIA. CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town), (C	(Ounty) (State)							
		BULLEY NOEL 17, 1900 NOCK CREER (EUGETERY, MASHWYOCH	W.C							
AID	24	FUNERAL DIRECTOR, THE 250 RECEIVER 250 REGISTRAR 250 REGISTRAR S SIG	SNATURE							
VR A15ME (5) 10M REV 1/68	1.1	Willy Wallers abashington L.C. 200/2 DATE OCT 21 1968 Clean	es judges							
0			17							



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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

		_1_					CENTIFIC	AIL OF L	ZAIII				
Therair out 2	±22±			CEASED-NAME First		Middle		Lost		2a. DATE OF			2b. HOUR
	9000		(1)	pe or print) Sarah		Fairbank	d	Shaw		Octo	Month Doy	1968	13001
	200	3	. SE	(	4 RACE			S. DATE OF BIRT			6. AGE (In years	EF UNOER I YEA	R   IF UNDER 24 HRS.
E .				Temale		rite		4-25-18	872		last hirthday) YRS.	MONTHS GA	YS HOURS M.N.
JN 0	Pa no				b. CITIZEN OF WI		8. MARRIED [	NEVER MARRI	IED []	9. COUNTY OF	DEATH		
24 h	illed in papers. in 72 h	L	เสษท่	wash.u.c.	U.S.F	7	WIDOWED	DIVORC	ED 🔲		gomery		Mo
년 년 5년//		0 CI	ty or town of death wer Spring Tk.	11. N/give:	AME OF HOSPITAL OR INS	STITUTION (If no	it in hospitol	12a USUAI during mfo	L OCCUPAT ON : stot warking !	Kind of work done (e. even if retired.)	125. KIND INDUSTRY	of BUSINESS OR own home	
			Зо.	SUAL RESIDENCE (Where deceased			13c CITY OR		al Inside City Lin		EET AND NUMBER		OWIL THOME
cuted	Ne co	/ 0	dmis		1/13P COUNTA			igton	YES X NO		Missouri	Avenu	ie N.W.
6	and remo	_ [ī	4 F	ATHER S NAME First	Middle	Last		MOTHER'S MAII			Middle	0	Last
8	ease and in		1.5	Nathani		Robin 166 SOCIAL SECURITY		IFORMANT		lary	<u>(                                    </u>		ttingham
Hicat	S 0		100. Ye	WAS DECEASED EVER IN U.S. ARME is no ar unknown) (fyes give wer	or dates of service)	unknown		dgar M.	Shaw,	n. :	Address Spend	ervil	le Road
) cer	ng phy Then emava	ſ	٦	1B. CAUSE OF DEATH (Enter only	Ph. B.C				11	, .	1 1		OXIMATE INTERVAL IN ONSET AND DEATH
that the death in.	attending sermit. Th an, ar remo			PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (a)		Can	entrul	He	un J	where	-2	such,
the (	473	-1		Conditions, if any, which gave )	DUE TO, OR	S A CONSEQUENCE OF	, and	note	. 2 11	T. P	Sid more	m	
י זמר ר	by the ransit crema			rise to immediate cause (a), (	(b)	AS ACONSEQUENCE OF	mu Y	as un	e que	all Col	MAC HARLE	vian "//	my year
es t	ed b ol-tro			stating the underlying cause last.	(c)	Hoursa	Ciscal	Cis	ten	1 Belen	sis -	- 1	. "
Phy Phy	sign buri buri			PART 2. OTHER SIGNIFICANT, COND	A		OT RELATED, TO	THE TERMINAL	/ /		IN PART 1(a)		
W re	등 은 은	-1	8	IIIn OM	mona		erote		150				
te la	as b Program		CERTIFICATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPS	No [戊 SY?	CALLEGE	yes, were findings o of death?	ONSIDERED II	CERTIFYING
中で	alth ese	7	CERT	210 ACCIDENT WAS UNDERLYING	216 TIME OF	FINJURY	21c. HC				in Part 1 or Part 2,	Item 18.)	
E A	ifical familiar		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.					*			
fYSI hosp	Pt. c		Ä	21d INHIRY OCCURRED 21e P		AT HOME, FARM, STREET FAI OFFICE BUILDING ETC.		CATION Street	or R.F.D. No.	City	or Town	County	State
the the	this deta e De	-		White Not while at wark		•		/		,,-		, ,	
NA A	Affer be Start	-	- 1	22a. I certify that (I) (this saw the deceased ali	hospitol) otto	ended the deceos	ed from	that in Imy	, 19 <i></i> ) (our) onic	<u>a_</u> , to <u>∠∠</u>	10 , 19	to and ha	at (I) (we) los
TEN ined	the the	-1		gauses stoted obove,	(I) (we) (did)	(did not) view the	body ofter o	eoth.	, (our) opii		ccorred on the de	ne ond no	n did ilolii in
AT reta	\$ 15 E			22b-SIGNATURE -	(/			ATTENDING		ED.	STAFF C	DATE SIGNED	110
10 ag /	L DIR			220 PHYSICIAN'S	y) na	eson	DEGR	EE PHYS 22e. ADDRI		RECTOR 🗀	PHYS. U	0/10	168
O HOSPITAI Page 4 may	S dag			NAME Type) Benja	amin Iso	racson M.	0.			ka Aver	me Washin	gton,	D.C.
Page 4	director shauld	1	23c.	BURIAL, CREMATION, 23b. DA		23c NAME OF				23d LOCATIO	N (City or Town)	(County)	(Stote)
5 %	<b>2</b> ⊕ ∞		0.4	REMOVAL (Specify) 10-1	4-1968	Kook (	reek (	emetery	So REC'D BY		ashington,		D
	VR A15 (4) 30M REV, 1/68			funeral director C. Glerner E. Pumphr	en Carl	er (18434 Ga. 1	n Can	S. Md.		CT 16		Land	a Quedas
		- 1	WC	runero ( o   rumprivo	ON JEWS	0774 406 1	1000 0	-) a . 1 This	DAGE	- A V	7	7 6	AND SHARE OF SHARE



23c NAME OF CEMETERY OR CREMATORY

REMOVAL (Specify) Lewinsville Cemetery 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR VR A15ME [5] Falls Church Funeral Home, Falls Church, Wat. OCT 10M REV 1/68

23b. DATE

23a. BURIAL CREMATION.

14771

2b HOUR

2d, HOUR

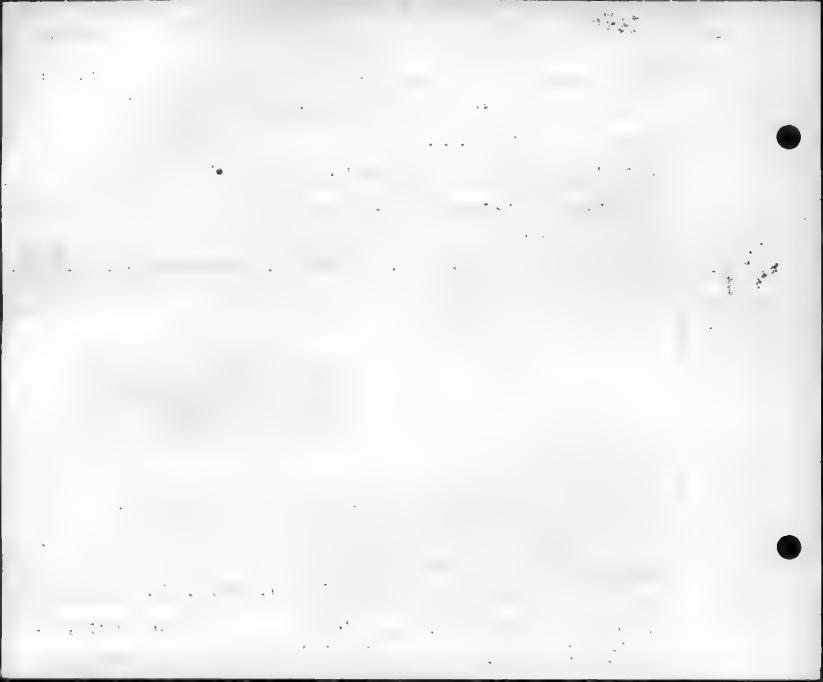
State

CAM

23d. LOCATION (City or Town) (County) McLean Fairfax. Virgini 255 REGISTRAR S S GNATUR 1968



Sec. 54,5 1 101





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14775 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Lost 2p. DATE OF DEATH 2b. HOUR funeral and 2 executed within 24 hours after death. (Type or print) PAUL MEREDIAH SLATER :20PM 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) HOURS 1-25-84 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED B completely filled in b nave carban papers ny event, within 72 ha Virginia United States WIDOWED SCIE DIVORCED Montgomery 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR I give street oddress)
Montgomery General Hospital Carpenter INDUSTRY Olney 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13d. UNSIDE CITY CIMITS? 13e STREET AND NUMBER 13b COUNTY Montgomery Route 1 Germantown Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Lost Lost James Slater Mary Darr requires that the death certifigate be please and ii physkian 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) Admission Recd. Montgomery Gen. Hospital. Olnev ar remaval, EII 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART & DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o)
Complete Heart Block BETWEEN ONSET AND DEATH 1 day DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease signed by the burial-transit p Conditions, if any, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Advanced Arteriosclerotic Cardiostating the underlying couse 15 years Vascular Disease PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗍 None 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b TIME OF NURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year No injury (If either, notify medical examiner) 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21F. LOCATION STREET OF R.F.D. NO City or Town County While Not while at work 220 I certify that (I) (this haspital) attended the deceased from Sept. 16. , 19 68. , to Oct. 6. 1,968. , that (I) (\$25) last saw the deceased alive an October 6. 1968. , and that in (my) (\$25) opinion death occurred on the date and hour and from the causes stated above, (I) (\$25) (did) (\$25) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING □ Oct. 7. 1968 DEGREE DIRECTOR 22e. ADDRESS 9701 Church Street 22d. PHYSICIAN'S M. McKendree Boyer, Damascus Maryland directar, shauld b 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23o BUR AL CREMATION (County) B REMOYAL (Specify) Rockville, Maryland 19-8-68 Parkluwn Cemeterv 25b REGISTRAR S SIGNATURE 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Marylard DATE 063



the funerol director. Page 4 sho saw be retained for your file to FUNERAL DIRECTOR: Page 3 st Health prior to buriol, cremoti

FOR STATE HEALTH DEPT.

poges

File

burial-transit permit.

This certificate should

O DEPUTY

NAME (Type) John G. Ball, M. D. ADDRESS(Street, city, town, or county)

23a BURIAL CREMATION, REMOVAL (Specify) 9-/7-68 Rest Haven Cemetery Decatur Georgi

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS
1400 Chapin Street, N. W. Washington, D. C. DATE OCT 1 6 1968 Clearly Judge





Murphy Funeral Home, Arlington, Va.

Milarlan

DATE NOV

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14771 CERTIFICATE OF DEATH DECEASED-NAME Middle Inst Pages I and 2 lugaciter death. First 2a. DATE OF DEATH within 24 hours ofter death MonthOct. (Type or print) Richard G. Smith 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) 02 June 1916 Male Caucasian 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED XXNEVER MARRIED country) the attending physician and completely filled the sit permit. Then please remove carbon papers WIDOWED IT DIVORCED [ Montgomery Iowa USA od bo 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street address) during mast of working life even if ret red) event, wit Bethesda Naval Hosp. 13a. USUAL RES.DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admissian) STATE 136. COUNTY 6315 Abilene Street Springfield ar removal, ond in ony 14. FATHER'S NAME First M.ddle Inst IS. MOTHER'S MAIDEN NAME First equires that the death certificate be James D. Smith Theresa 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? TAb. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) 1941-1961 480-07-7820 6315 Abilene St Trma Smith 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY Adenocarcinoma of Colon with Metastases DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) buriol-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the haspital or ottending O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with th∎ State Dept. of H≡olth prior to 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES C NO 🗔 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 2.d INJURY OCCURRED 71e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY 1 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at wark 220. I certify that (K)(this haspital) attended the deceased from 17 October, 19.68, to 28 October19.68, that (we) last saw the deceased alive an 28 October 19.68, and that in (E)(X)(our) opinion death accurred on the date and hour and from the couses stated above, (X)(we) (did) (E)(X)(x) view the body ofter death. be retained 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS DEGREE Page 4 moy 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Douglas L. Horton, M.D. Naval Hospital, Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE

VR A15 (4) 30M REV, 1/68 BUTIAL (Specify)

10/31

2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL BIRECTOR **ADDRESS** 25c. REC'D BY REGISTRAR , Springfield, Virginia DATE NOV Demaine Funeral Chapel

Arlington National Cemetery

14779

12b KIND OF BUSINESS OR

Lost

Springfield

State

(State)

Poste1

Virginia

BETWEEN ONSET AND DEATH

County

22c, DATE SIGNED

(County)

Arlington

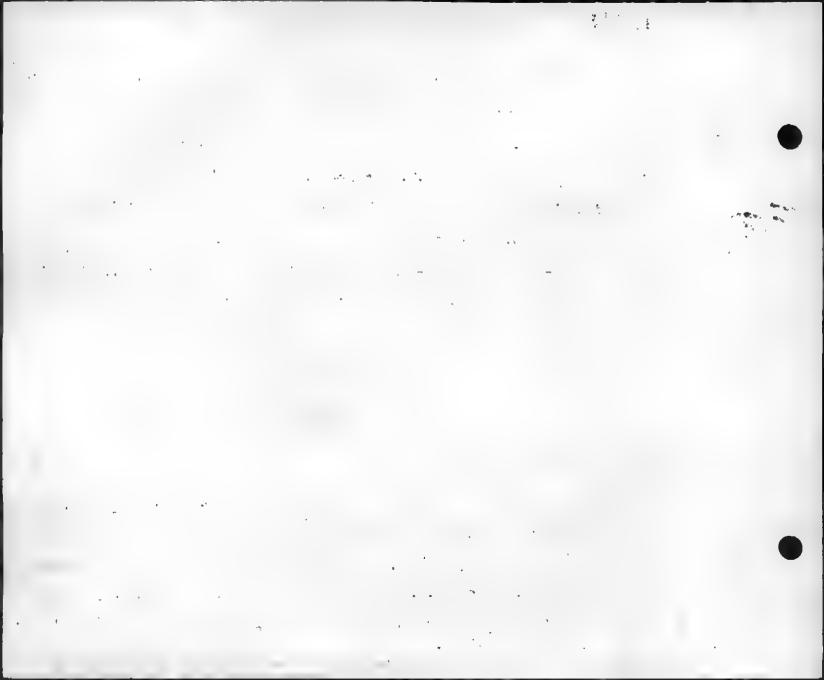
Arlington

29 October 1968

IF UNDER I YEAR

MONTHS

2b. HOUR P



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			1	CERTIFICAT	E OF DEATH			4100	
	DECEASED NAME (Type ar print)	First Gerald	Middle Allen		ast PER	2a. DATE OF	MonthOct Doy	29 Year 68	26 HOUR 805AM
3	Male	4 RACE Cau	casen		t. 10,196		— YRS.		UNGER 24 HRS POURS MIN.
7o co	BIRTHPLACE (State of Duntry) Betheso	foreign 7b. CITIZEN	of What Country?	8 MARRIED NI WIDOWED	VER MARRIED DIVORCED	9. COUNTY OF Montg			Md
	CITY OR TOWN OF DI Bethesda		11. NAME OF HOSPITAL OR IN Naval Hospit	al	during T		(Kind of work done life, even if retired.)	125. KIND OF BU	SINESS OR
13c odr	CTATE	Where deceosed hydd, if Lrginia Ub. CO	institution Residence before UNTY	13c CITY OR TOW	tire and .		REET AND NUMBER  10 Raleigh	Ave.	
14.	FATHER'S NAME		iddle Last		HER'S MAIDEN NAME		Middle		Last
<u></u>	Ga1				Paul			WILLETS	
16	a. WAS DECEASED EVE Yes, na, or yakpown)	R IN U.S. ARMED FORCES' (If yes give war or dates all se	tvira)		477.67		Address		
F	N/A		N/A		L. Soper,	4310 R	aleigh Ave.	APPROXIMAT	E NTERVA.
П		ATH (Enter only one cous: I WAS CAUSED BY:	e per line for (o), (b), ond (c)  Meningomye:		th on occ	hatatar	meningitic	BETWEEN ONSE	AND CEATH
L		IMMEDIATE CAUSE (c	·)		th an asst	JCIRCEU	mentusters		
L	Conditions, if any,		DUE TO, OR AS A CONSEQUENCE OF						
П									
П	stating the under lost.	lying cause DUL I	O, OR AS A CONSEQUENCE OF						
П		NIEICANT CONDITIONS CO	(C) INTRIBUTING TO DEATH BUT N	OT DELATED TO THE	TEDMANAL DISEASE OF	CONDITION GIVE	I IN DADT 1(n)		
П	7514	MILICANI CONDITIONS CO	MINIBULINO TO DENTIL BUT II	IOI KELATED TO THE	TERMINAL DIDEADE ON	COMMINION OFFE	r in carr ifa)		
No.	190. DATE OF OPERA	TION 196 CONDITION	FOR WHICH OPERATION WAS PE	REORMED 2	Oa. AUTOPSY?	206 IF	YES, WERE FINDINGS CO	NSIDERED IN CERT	TEYING
CERTIFICATION					YES [X] NO [	CALISES	OC DEATHS	ves	
[ 5	210. ACCIDENT WA	S UNDERLYING 21b.	TIME OF INJURY	21c. HOW IN		_	y in Port 1 ar Port 2, It		
MEDICAL	OR CONTRIBUTING	CAUSE OF GEATH HOU	R A.M. Manth Day Year		1200		F (11 4 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 16.7	
MED	(If either, natify m 21d INJURY OCCU While Nat whi	RRED 21e. PLACE OF I	P.M.  NJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		N Street ar R.F.D. N	a. City	ar Tawn	County	Stote
	at work at work	k —	13 1 1		7.0	70		ZO 30 . 0	
	saw, the d	leceased alive an!	l) attended the decease oct 19 (did) when the	19 <u>_68</u> and the	it in (20%) (our) ac	pinian death o	oct 19 , 19_ accurred an the dat	e and havr an	) (we) las d fram the
L	22b. SIGNANURE	ined dodre, pp (we)	(did) supurpus view iiie				22c D	ATE SIGNED	
ш		4 me H	- And Vil	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF -	-31-6	20
L	22d. PHYSICIAN S NAME (Type)	THE STATE OF THE S	No Laboratoria						0
L	NAME (Type)	Gary	H. SAFIEY, M.	. D.	Maval Hos	pital,	Bethesda, N	1d.	
230	o. BUR AL, (REMAT ON BARYALISE (TV)	1, 21b. DATE 11-1-	68 Prover	CEMETERY OR CREM	ATORY	23d. LOCATIO	N (Cty or Town)  over, Penns		(Stote)
24	. FUNERAL DIRECTOR	Robert A.	Pumphrey Mane		2Sa. REC'D	BY REGISTRAR	256 REGISTRAR S		
			Dothords Ma		1101	/ / 19	RR Ochan	las ludo	LA.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dealing 4 may be retained by the hospital or attending physician.

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4 ...

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14774

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please (rentere carban pagers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and han eyekt, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

14782

	42.000	
1		HOUR
	steinglesser October 17 68 H	m M
3	4 RACE S. DATE OF BIRTH 6 AGE (In years FUNDER 1 YEAR ). F. J.M.	OER 24 HRS.
	MALE White 8-1-84 Styrithdoy) YRS. MONTHS DAYS HOUT	S MIN.
	RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	MARKIEU   NEVER MARKIEU	** *
	Y HUNGORY U.SA WIDOWED DIVORCED MONTGO MERCY Y OR TOWN OF DEATH!  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (R) nd of work don't 126 KIND OF BUSIN	PW DESCRIPTION OF THE PROPERTY
	give street address) Q	133 OK
	SUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c (ITY OR TOWN 13d, DISJOE (ITY CHANGE) 13e STREET AND NUMBER	
	SUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d DISIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY 1/10 N/10 N/10 N/10 N/10 N/10 N/10 N/10	
	Timegranic Total John Strate Cold IV.	
	THER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lo.	st
	Henry Regina Tobak	
	VAS DECEASED EVER IN U.S. ARMED FORCES? 16th SOCIAL SECURITY NO. 17. INFORMANT (daughtee) Address. Kensing &	nous
	no, or unknown) ( types give was or dates at service) 058-07-5949 HELEN S. TEW 10102 WILdwood Kd.	
	8. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  APPROX.MATE IN BETWEEN DISET AN	TERVAL ID DEATH
	PART I. DEATH WAS CAUSED BY: Cerebral infarction	
	HOS. 7 DUE TO, OR AS A CONSEQUENCE OF	
	Cerebral arterial insufficiency	
	ise to immediate cause (a).	
	tating the underlying couse	
	ost (c) Advanced atherosclerosls, cerebral blood  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	· · · · · · · · · · · · · · · · · · ·	
	Pulmonary infarction, right upper lobe 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY	INC.
	CALLES OF DEATH	ING
	YESA NO .	
	Ta. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)	
	If either, natify medical examiner) P.M. 19	
i	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
	t work of work	
	22a. 1 certify that (1) (this hospital) attended the deceased from OCH, 1968, to OCH, 1968, that (1) saw the deceased alive on OCH, 1968, and that in (my) (our) opinion death accurred on the date and hour and	(we) last
	saw the deceased alive on	from the
	couses stated above, (I) (we) (did) (did not) yiew the body ofter death.	
	126 SIGNATURE DING WED. STAFF 22c. DATE SIGNED 22c. DATE SIGNED OF STAFF DING DIRECTOR PHYS	0
		0
	NAME (Type) RAPT VIRDITAL) 22e ADDRESS // OCC OLD (TEORGEPOLIA)	17D
	Notice 1. Wei Bij Day - ROCK VILLE 1947 2 032	
2	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (St	ate)
	ELMOVA (Specify)  Oct. 18, 1968 Sharon Gardens Cemetery Vallahalla, New York	
4	UNERAL DIRECTOR Donald M. Stein ADDRESS 232 Carroll 250. RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE	
	ebrew Memorial Funeral Home St., N.W. Wash., Dane OCT 2 1 1988 Polarla Juda	E.



1968

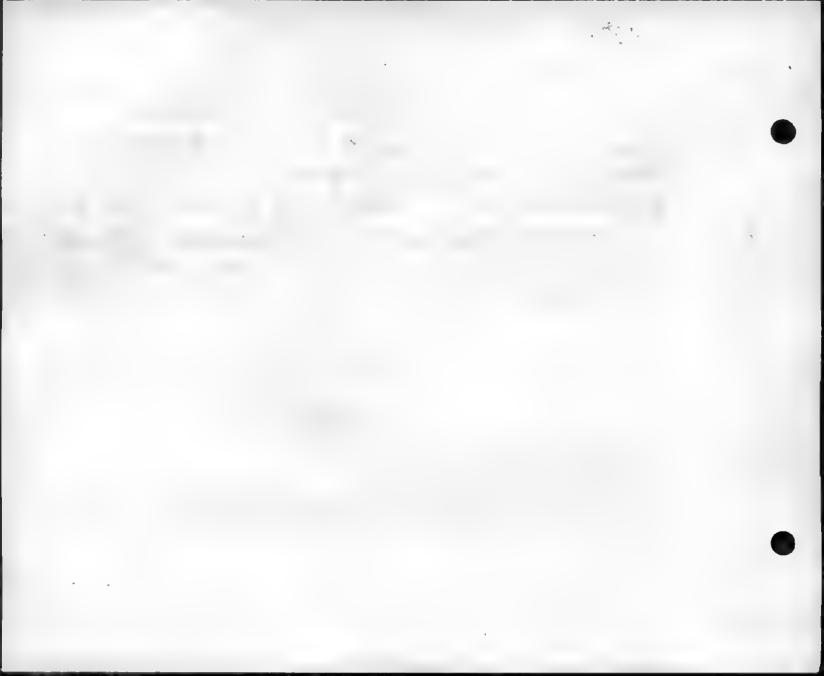
L	17519			ERTIFICA	TE OF DE	ATH				
	DECEASED-NAME + First		Middle	0. 1	Lost	20	DATE OF GEATH	0	W	2b. HOUR
	(Type or print) Beat	rice	A	2+1	ckel		Month f		1000	884
3. 3	SEX	4. RACE		S.	DATE OF BIRTH		6. AGE (In	100.0	IF UNDER 1 YEAR	IF UNDER 24 NRS.
	Female	Car	CASION	,	March	118	83 last burth	YRS.	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT		0	NEVER MARRIEO[	9 (0)	INTY OF DEATH			
Eut	Canada	VIS.	a,	WIDOWED 🔀	DIVORCED [	5	Mont	0,0 m	224	Md
10.	CITY OR TOWN OF DEATH		OF HOSPITAL OR INS	TITUTION (If not	in haspital	2a USUAL OCCI	UPATION (Kind of w	or Chone	12b KIND OF	BUSINESS OR
Ĺ	Rockville	Pot	mac la	len Ms	~ Home	uring most of v	warking life, even it	retired j	INDUSIKI	
130	JSUAL RESIDENCE (Where deceo	sed lived, if institution: 136. COUNTY	Residence before	13c CAY OR TO	DWG 13d IN	SIDE CITY LIMITS?	13e. STREET AND N	UMBER	0	. )
004	District of Cali	IN COUNTY		Doghin		7	39164	orte	v Str	ceet ny
14.	FATHER'S NAME First	Middle	Last	15. /	THER S MAIDEN	NAME First		M:ddle		Last
L	E(me	7 7 7 7	PYESS		Y JANE	1720	attad		Care	mare
16	o. WAS DECEASED EVER IN U.S. AR/ Yes, no. or unknown)   (11 yes give i	MEO FORCES? Wer ar dates of service)	P 20 CIAL SECURITY N		ORMANT	0-00-00		Address <b>W1</b>	o, SIL, S	P.md.
				EA	JA HULLI	rezz ini	EYER, NIE	CE, I		
	18. CAUSE OF DEATH (Enter or		-		11	+ 7	.1			MATE INTERVA. MISET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (o)(	Cm 5-65	かかん	Hlen	1 70	ullur			
	4		CONSEQUENCE OF	12	Clusch	+10				
	Conditions, if ony, which gove rise to immediate couse (a).			1170	conon	7 1 -				
	stoting the underlying couse	OUE TO, OR AS A	CONSEQUENCE OF	/_	011.	. ~			,	
	last	(c)	Cr	1000	6 - 1 - 1 - 1	2 (21-)				
	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING	G TO DEATH BUT NO	OT RELATED TO 1	he terminal dise	ASE OR CONDITI	ON GIVEN IN PART 1	(a).		
NO	ナナナー									
	110. DATE OF ODERATION \$10L	CONDITION FOR WHICH	OPERATION WAS PER	REORMED	20o. AUTOPSY?		20b IF YES, WERE CAUSES OF DEATH?		NSIDERED IN CE	RTIFYING
CERTIFICAT					YES 🗌	HO [	1			
AL C	210 ACCIDENT WAS UNDERLYIF		JURY Manth Doy Yeor	21c HOW	INJURY OCCURRE	D (Enter notur	e of injury in Port 1	ar Part 2, It	em 18.)	
MEDIC	(If either, notify medical exami	iner) P.M.	19							_
2.	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT OF	FICE BUILDING, ETC.	TORY.) 21F LOCA	ITION Street or R	R.F.D. No	City or Town		County	State
	at work of wark	1 1 1	4 1 -4 1		1,	10 //	1 122 1 1	// 10	<i>E</i> 11 1	40.4
	22a. I certify that (I) (the saw the deceased of	is haspital) aftend	led the decease	d top	hat in love to	., 19 <u>44</u> ,	donth proving d	4, 19 <u>4</u>	<u>≥er</u> , that	(I) ( <del>we)</del> las
	canses stated apak	e, (I) <del>(w</del> e) (did) (di	danat) view the l	oady after de	ath.	<del>or)</del> uhiiliaii i	ueum acconeo c	all the dat	e and navi	and main me
	22b. SIGNATURE	1 11				ura		22c D	ATE SIGNED	. 1
	11/2/2	est has	1000	/1/DDEGREE	ATTENDING PHYS	DIRECTO	R STAFF PHYS.	1/2	7-5-	· 6d
	22d PHYSICIAN'S Willia	m F Lunck			22e_ADORESS	Dama D	oad N.W.			
	NAME (Type) WILLIE	ASUL . T M.	500		7000	HERU A	Our nene	9 14 (3.45)	209 200	
230		DATE	23c NAME OF	EMETERY OR CE	EMATORY	1	LOCATION (City or )		(Caunty)	(Stote)
		-8-1968	Glenwoo				shington,			
24	FUNERAL DIRECTOR OSE PH Wisc. Ave. N	Wawler's	Son sopress	no., bl		REC'D BY REGI		EGISTRAR 5 S		
	HITDO DAG NO	LI 6 B LICENSTIT &	,		DAT	. 111	R 1000	077		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely falled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death VR A15 [4] 30M REV, 1/68

be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certified

Page 4 may be retained by the haspital ar attending physician.



# 14776

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **CERTIFICATE OF DEATH** 

death.			CEASED NAME First WARDE	Middle B	STRINGHAM	2g DATE OF DEATH S Doy	19 Geor 3 P M
27 hr		3 SE	x Iale	4. RACE Caucasian	s date of birth 6-16-1898	6 AGE (In years losty brathdox) YRS.	IF UNDER 1 YEAR F JNDER 24 HRS. MONTHS DAYS HOURS MIN
in 24 haur filled in by papers. hin 72 hau		COUL	Utah	76. CITIZEN OF WHAT COUNTRY? U . S . A .	B. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Montgomery	Md.
with ely ban wit		F	TY OR TOWN OF DEATH	II NAME OF HOSPITAL OR IN  give street address) 10401 CTOSV  ed lived, if institution: Residence before	enor Park durings	UAL OCCUPATION (Kind of work done not be the first of working life in the first of	12b. KIND OF BUSINESS OR INDUSTRIBUTION
executed with nd completely remove carban any event, wit	سر ہے ا	odmi	SSION) STATE Haryland ATHER'S NAME First	13b COUNTY Introduct Residence defore	Rockville YES	No□ 1 <del>0</del> 401 Grosver	nor Park
e be exected and consistency and in any	(			d Stringham	I I	lizabeth Barber	eth. Md.
physic per pre- poyal, o	)		es, no, or unknown) (If yes give w	ar or dates al service) 4 36-09-29	Nadino S. Bl	ake, Daughter, 49	PO3 Battery La
E . E . E			PART I, DEATH WAS CAUSED		diae arrest	<i>t</i>	BETWEEN ONSET AND DEATH
that the death an. by the attendin transit permit. cremation, ar re			Conditions, if only, which gave itse to immediate cause (a), stating the underlying cause		conary many	ficiency	lyr,
quires physici signed burial-t			lost.	(c)	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(0)	
The law re attending has been se as the l	• 1	THECATION	190. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY? YES \ NO \	206 IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
pital ar rifficate ad for us af Healt		EDICAL CER	2To ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	H HOUR A.M. Month Doy Yeor ner) P.M. I	9	ter nature of injury in Port 1 or Port 2, fi	,
G PHYS the has the has this ce detache te Dept.		W	at work at work		CTORY.) 214 LOCATION Street or R.F.D. N	41 (2) (1)	County State
TENDIN ined by OR: After ould be			22a. I certify that (I) (this saw the deceased al causes stated abave	is <del>hospital)</del> attended the deceas live an	ed from	pinion death accurred on the dat	e and hour and from the
DIRECTOR AT DIRECTOR 3 Shorth led with			22b SIGNATURE Planor	nadley, M.	<i>K K</i>	MED STAFF 220 D	ATE SIGNED 5, 1968
ro Hospital Page 4 may ro FUNERAL directar, pa	1		22d. PHYSICIAN'S NAME (Type)	PVIN WAPLE	18 218 P. M.D. 228. ADDRESS	WISCONSIN A	VBETHESDAP
TO HOS Page 4 TO FUN directo				8-1968 Mount	CEMETERY OR CREMATORY Zion Baptist Com.	23d LOCATION (City or Town)  Bethesda, Montg  By REGISTRAR   25b. REGISTRARS	(County) (Stote) Omery Co., Md.
VR AT 30M REV		Z4	isc. Ave. N.W	Gawler's Son Son Wash., J.C., 2	DATE C		les Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 STEPHENS TAYLOR CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 1. DECEASED NAME First death. requires that the death certificate be executed within 24 haurs after death (Type or print) funeral 6. AGE (In years IF UNDER I YEAR physician and campletely filled in by the frame bease remove conson papers. Pages last birthday) MONTHS 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign country) WIDOWED 5 DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not so baspital 12a USUAL OCCUPATION (IGAd 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) Clex 13a. USUAL RESIDENCE Where deceased lived, if institution Residence before 13c. CITY OR TOWN ( 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? YES 🗀 Silver Spring 14. FATHER 5 NAME Middle Last GATES 7740MAS STEPHENS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) MRS. NORA RACHEL 03-7130 EAKIN, DAUGHTER 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c. Canditions, if any, which gave ) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) O FUNERAL DIRECTOR: After this certificate has been as the 196. CONDITION FOR WHICH OPERATION WAS PERFORMED Go AUTOPSY 201 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 9g. DATE OF OPERATION CAUSES OF DEATH? YES 🗀 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 19 and that is any (our) apinian death accurred an the date and haur and from the saw the deceased alive and that causes stated above, (I) (we) (did nat) view the bady after death. directar, page 3 should should be filed with the be retained 22c DATE SIGNED 22b SIGNATURD STAFF PHYS DIRECTOR L 22e. ADDRESS Page 4 may PHYSICIAN'S ROGERS NAME (Type) 1919 SEMINARY RO. SIL. SP. MO. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23a BURIAL CREMATION CLEVELAND, OHIG. SUNSET MEMORIAL PARK 25a. REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV 1/68





MEDICAL EXAMINER'S CERTIFICATE OF DEATH

INDUSTRY

Year

12b KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

Sudden

20. AUTOPSY?

YES X

Stote

and in my opinion

County

(County)

22

1968

2b. нОUR

2d HOUR

pup P.M3 Give

in Item 18

in pencil

pending"

be executed within

This certificate should ■riting the ward

death. and 2 after . pages hmurs File 72 within permit. 

remayal, used 3 should crematian, may be retained far yaur FUNERAL DIRECTOR: Page

bill forword

the fun ral director.

O DEPUT

20 DATE KNOWN Middle DECEASED-NAME First Enst Month Doy (Type or Print) ESTI-Henderson Joseph Tippets DEATH MATED 6 AGE in years IF UNDER 1 YEAR IF LINDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 12-11-13 Male Cauc. 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Montgomery country) Idaho U.S.A. WIDOWED [ DIVORCED DESCRIPTION COUNTY Takoma Park 11 NAME OF HOSP TAL OR INSTITUT ON (If not in haspital 12a USLA1 OCCUPAT ON (Kind of work dane Washington Sanitarium XXXXXX 130 LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. ANSIOE CITY LIMITS? 13e STREET AND NUMBER Prince Georges odmission) STATE Adelph Middle 15 MOTHER S MAIDEN NAME M ddle 14 FATHER'S NAME Josephine Henderson Joseph A. Tippets 16b SOCIAL SECURITY NO. 17. INFORMANT Marilyn Tippets DDRESS 220-42-1422 Daughter - 10106 Townsee Ave. Adelphi, 'Id. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes-Navv 18. CAUSE OF DEATH (Enter only one cause per une for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY COTODATY IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Coronary Arteriosclerosis. Conditions, if only, which gove ) rise to immediate cause (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INSURY OCCURRED (Enter noture of injury in Port 1 or Part 2, item 18.) MEDICAL HOUR A.M. PRIMARY CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.E.D. No. City or Tawn factory, office building, etc.) AT WORK 22a. I certify that I toak charge of the remains described above, held an Autapsy 💢 Inspection 3 Inquiry [3] Homicide [ death resulted fram: Natural causes 🔼 Accident 🗍 Suicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. BALL ADDRESS(Street, city, town, or county) Bethesda, Maryland NAME (Type) 23a BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) Heber City Cemetery Heber City, Utah 24 FUNERAL DIRECTOR ADDRESS 25a REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

PUMPHREY, Bethesda, Maryland

VR A15ME (5) 10M REV. 1/68

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ROBERT A.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14729				CERTIFI	CATE OF	DEATH				14	100	
	ECEASED NAME	First		Middle		Last		20.	DATE OF DEAT				2b. HOUR
(	Type or print)	HER	IRY	WOOD	To	BIAS			10	Month	You	88.	5:30AM
3. 5	EX		4 RACE			S. DATE OF E	BIRTH		6.7	GE (In years		DER 1 YEAR	IF UNDER 24 HRS HOURS MAN.
١.	MALE		WHIT	E		5-	8-76			st birthday) <b>92</b> Y	RS. MONTH	IS DAYS	HOURS MIN.
7a	BIRTHPLACE (Stote or	foreign	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MA	-	9 COU	NTY OF DEA	TH			
COU	PENN.		U.S.A	Α	WIDOWED		RCED 🗀		Mon	TGOMER	Υ	D-	9=A= Md.
10, (	CITY OR TOWN OF DEA			ME OF HOSPITAL OR IN	ISTITUTION (IF	nat in haspital				d af wark da			BUSINESS OR
	OLNEY, EN	ROUTE	00/	treet oddress) MONTGOME	ERY GE	NERAL	auring	MED I	CAL U	even if retire	a )   114	ME 0 1	CINE
	USUAL RESIDENCE (Wission) STATE	here deceose	d lived, if institute	an. Residence before	13c. CITY C	OR TOWN	13d INSIDE CITY		13e. STREET	AND NUMBER			
Guill	MA MA	RYLAND	) 136. COUNTE	MONTGOME	RY BR	LNKLOW	YES	NO X	ROUT	E 650			
14.	FATHER'S NAME	irst	Middle	Lost		IS. MOTHER'S A	AIDEN NAME			Middle	)		Last
	THOMAS J	EFFER:	ON	Tob 17	-			ELIZ	ZABETH			М	0 00
	WAS DECEASED EVER (es, no, or unknown)		ED FORCES?	16b. SOCIAL SECURITY		. INFORMANT				Addres	S		
	YES.			550-171-17	41/T	MEDIC	AL REC	ORDS	DEPT				
				e far (a), jb), and (c	17		60	9					MATE INTERVAL NSET AND DEATH
	PART   DEATH		BY TE CAUSE (a)	100	mo	saloth	Cell	13316	£			L'sex	m V
	in f		DUE TO, OR A	S A CONSEQUENCE OF	2/	N	0.	1				- 1	
	Canditians, if any, v		(b)	PIL	OTRA	26-1	0100	יונשי	0 /2:03	260400	100	3d	295
	stating the underly		DUE TO, OR A	S A CONSTOLLENCE OF		- 11.		, ,		1	/	1	
	last	)	(t)	11/1/16	1110	2 (100)	10515		(200	nelicx		111	5
	PART 2 OTHER SIGN	IIFICANT CON	OITIONS CONTRIBUT	ING TO DEATH BUT !	NOT RELATED	_		RCONDITIO	. 11	* *			
N	1771	1/1	ocord	1al 1	16	20519		01-	fles	_			
CERTIFICATION	190. DATE OF OPERATI	ON . 195.0	ONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUT		_ (	AUSES OF	WERE FINDING	GS (ONSID	ERED IN CE	RTIFYING
FIE						YES							
	21a, ACCIDENT WAS		27.00	Month Day Year		HOW INJURY OF	CURRED (En	t <b>er</b> nature	af injury in	Post 1 or Part	t 2, Item 1	B.)	
MEDICAL	(If either, notify me	dical examin	er) P.M.	•	19								
Ξ	21d INJURY OCCUR! White Not white	RED 21e. I	PLACE OF INJURY (	AT HOME, FARM, STREET, F OFFICE BUILDING, ETC	ACTORY,) 21f	LOCATION Stre	et or R.F.D. N	lo.	City or T	own /	(at	ınty	State
	at wark at work	Ч.				1	4	10		+			
	22o. I certify th	ar (I) (this	s hospitol) atte	nded the deceos	sed fram_		19						(I) (we) last
/	saw the de	ceasea all ed abave	(I) V we Md di	(did, not) view the	body ofter ا	r death.	ny) (our) o	pinian (	aeam accu	rrea on the	agre a	na nour (	ona tram me
K –	22b. SIGNATURE	110		<u> </u>							22c DATE :	SIGNED	
	1 One	tol 1		Daws 1	M DEC	GREE PHYS	ING X	MED. D-RECTOR		AFF S.	7 (	d	68
<b>\</b>	22d. PHYSICIAN'S	Dana.	2			22e. AD	DRESS			5			
	NAME (Type)	DONALD	R. LEWI	S		700	CLOVE	RLY	STREE	I, OIL	VER S	PRIN	C.M.D.
23a	BURIAL, CREMATION,	23b D		23c NAME OF	CEMETERY O	R CREMATORY		23d	LOCATION (C	ity or Town)	(Co	unty)	(State)
	REWBATT (2507)	00	t.10,196		Creek				Wa	shingt			
24	FUNERAL DIRECTOR			ADDRES			2Sa. REC'D	BY REGIS	1	25b. REGISTR		ATURE	
	Franci	s H.	Jarber	Laytonsvi	ille,	Md.	DARCT	9	1968	face	mes	Judy	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled ican the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV, 1/68

tificate be executed within 24 hours ofter deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death re

Poge 4 may be retained by the hospitol or ottending physician.

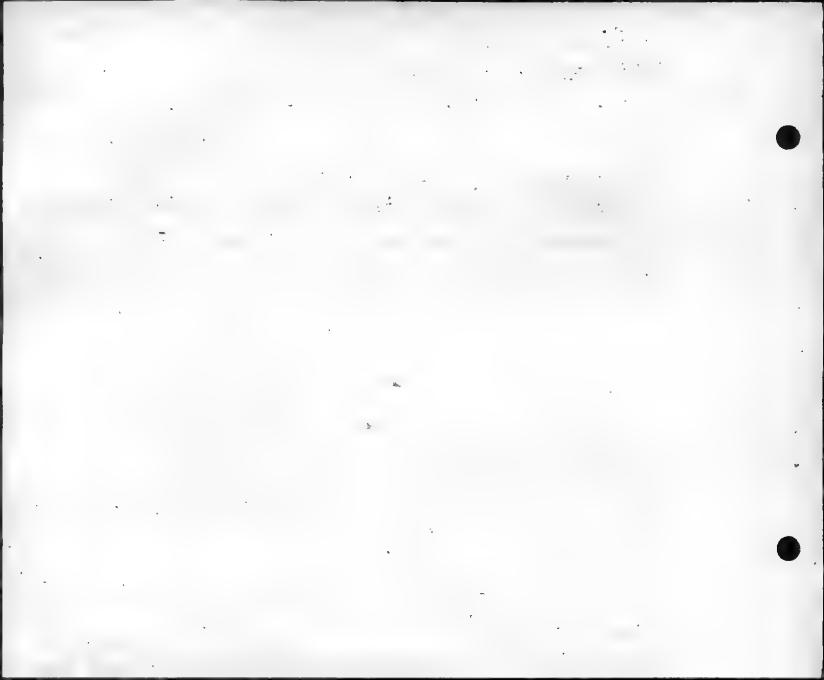


10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dmoth certificat be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remarkantarbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hears of Page 4 may be retained by the haspital or attending pillysicion. CLEARED

> VR A15 [4] 30M REV 1/68

11

	Item#5. FilmGho5 10/11:/68 km CERTIFICATE OF DEATH
	ECEASED NAME First Full AMN TOOMEY 20. DATE OF DEATH Day 68 Year M. Manth 7 Day 68 Year M.
3. SI	FEMALE WHITE S. DATE OF FIRTH 9-14-179, 78 6 AGE (in years funder 24 Hrs. Months DAYS HOURS MIN
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9.
10. (	TREPARD USA. WIDOWED DIVORCED MONTGOMERY Md  ITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON (Kind of work dane 126 KIND OF BUSINESS OR
L	TAKOMA TAKE / give street address) LIASH, SAN. & HOSA during most of working life, even if retired ) INDUSTRY
13a odm	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MISTIDE CITY LIMITS? 13e STREET AND NUMBER 13sian) STATE Md. 13b COUNTY +G. Hypats. YES NO 2409 GRIFFIN 57.
14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address
	(es, na, ar anknown) (It yes give war or dates of service) Sten & Toroney, 2102 Barring 12 Lew-world Mb)
	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  OCC 4 V S 1 9 7
ı	IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF
L	Conditions, if any, which gove ) CORONARY ARTERIUSCLEROSIS
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
2	HYPERTENSIVE CARDIO VASCULAR DISEASE
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?  20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	2 a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
MEDICAL	[If either, natify medical examiner] P.M. 19  21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Co. Not while Co.
ı	at work — at work —
П	22a. I certify that (1) (this haspital) attended the deceased from 1-20, 1942, to 10-7, 1968, that (1) (we) last saw the deceased alive an 7-29 1968, and that in (my) (evr) opinion death occurred on the date and have and from the
П	causes stated abave, (I) (we) (did) (did nat) view the bady after death.
	22b. SIGNATURE Church M.D. DEGREE PHYS. MED. STAFF 10-7-68
	22d. PHYSICIAN'S NAME (Type) R.C. KIRCHNER 220. ADDRESS 6480 N.H. DTE -TAKONH PARK Wild.
12	BURIAL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
24	FUNERAL DIRECTOR SOLD WALTER ADDRESS ADDRESS LEWISTER FOR THE PROCESS AND REGISTRAR'S SIGNATURE PROCESS JUNEAU DATOCT 10 1968 GENERAL SIGNATURE SIGNATURE JUNEAU DATOCT 10 1968 GENERAL SIGNATURE SI





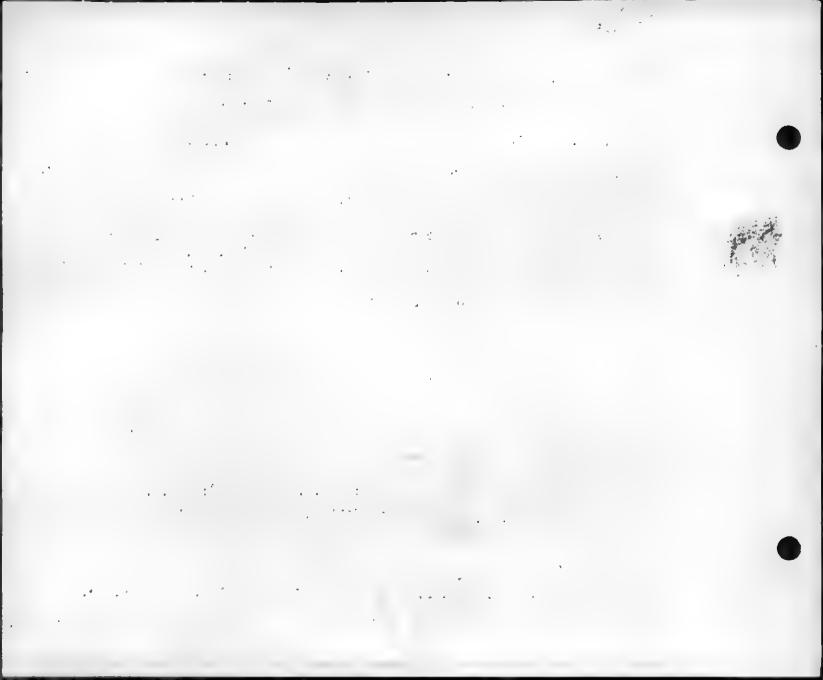
DIVISION OF VITAL RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 EXAMINER'S CERTIFICATE OF DEATH FOR STATE DECEASED-NAME 2a DATE KNOWN Year (Type or Print) OF EST 1968 Page 0 DEATH MATED iny delay 6 AGE ( n years IF UNDER 24 HRS 3 SEX 4. RACE 2c DATE PRONOUNCED DEAD S DATE OF BIRTH DAYS P.M3 MONTHS 7a BIRTHPLACE (State or foreign ' MARRIED NEVER MARRIED 9 COUNTY OF DEATH Wont gom Give Poges 10. CITY OR TOWN OF DEATH .. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 24 hours ofter death during most of working life, even if retired ) 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence pefare 13c CITY OR TOWN 130 COUNTY Mont 40mery admission) STATE YES X NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle urner È haurs bages forworded to the Chief Medical Examiner 17 INFORMANT 16b SOC AL SECURITY NO ADDRESS This certificate should be executed within pencil (Yes, na, ar unknawn) RAVMONA 13 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY Sudden. "pending" IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **buriol-transit** VISCUIZE DiSAZSE. Conditions, if any, which gave nse ta immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause  $\subseteq$ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 No be used 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? 3 WAS PERFORMED? please execute the certificate, YES T 21a EXTERNAL CAUSE WAS 21b TIME OF the JRY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 6 3 should 4 should HOUR A.M. PRIMARY OR CONTRIBUTING SICAL EXAMINER: cremation, CAUSE OF DEATH 21d INJURY OCCURRED 2 e PLACE OF IN. JRY (At hame, farm, street, 21t LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE DAT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection | Inquiry and in my opinion the funeral director. death resulted from: Natural causes Accident Suicide ( Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessory, O DEPUTY þ DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy O FUNE Health NAME (Type ADDRESS(Street, city, tawn, or county) OF CEMETERY OR CREMATORY 23d. LOCATION (City/or Town) 2Sa REC D BY REGISTRAR DEGISTRAR S. SIGNATUR VR ATSME (5) 10M REV 1768

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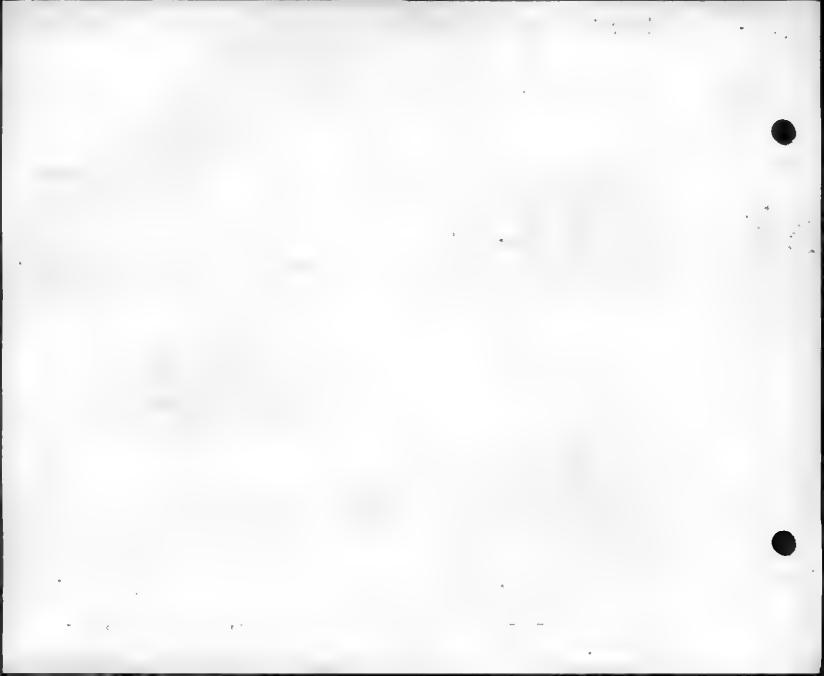
And the state of the state of

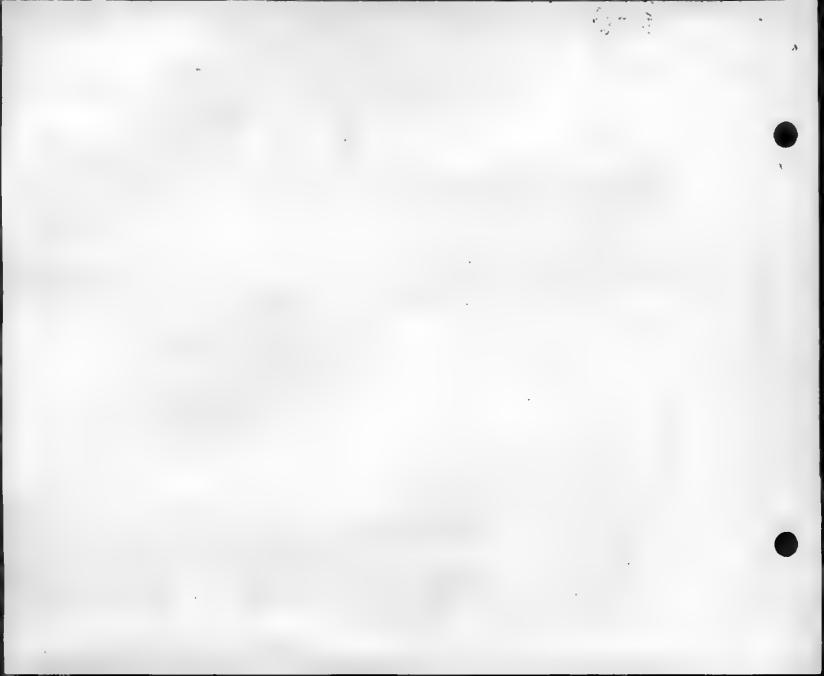


14785 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14793 CERTIFICATE OF DEATH It-m#23b. F-1m3406 11/22/68 km 2b. HOU-▲ DECEASED-NAME First Middle Last 20. DATE OF DEATH ofter death (Type or print) Baby Boy VALENCIA October S DATE OF BIRTH F JNDER YEAR 3. SEX 4. RACE 6 AGE (In years last birthday) 21 MONTHS Male October 28. 1968 Caucasian and completely filled in by the remove carbon papers. Pog. n. ony event, within 72 hours 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH be executed within 24 Bour 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 🔼 Bethesda, Md. USA DIVORCED [ Montgomery WIDOWED [7] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Turing most of working afe, even if retired) Naval Hospital Bethesda 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland Jb COUNTY YES 2 NO [ Oxon Hill 5136 Livingston Terrace Middle 14 FATHER'S NAME First Last LS MOTHER'S MAIDEN NAME First Last Middle Quirobin Valencia Elsene Mikkelson Oxon Hill, Md. mynires that the dmith certifimte 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. Frunknown) Mrs. Elsene Valencia, 5136 Livingston Terr or remove 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (r).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CONTINEAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Gross immaturity IMMEDIATE CAUSE (a) \_\_\_ cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse tos the burial-tr PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? ed for use of Health p YES 🖫 NO [ Page 4 may be retained by the hospital or 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. should be detached rith the State Dept. of 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 3:54 A.M. 8:15 A.M. 22a. I certify that (1x (this hospital) attended the deceased from Oct. 28 , 19 68 , that (1x) (we) lost saw the deceased alive an Oct. 28 19 68 , ond that in (1x) (our) opinion death accurred on the date and haur and from the causes stated above, (i) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR DEGREE director, page should be filed PHYS 22d. PHYSICIAN'S 22a. ADDRESS NAME (Type) Naval Hospital, Bethesda, Md. Gary SAFIEY. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION Removal (Specify) Naval Medical School NNMC, Bethesda Montgomery Md. 2Sa REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/68 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14786 14794 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 2a. DATE OF DEATH 2b. HOUR death Tuneral Tand (Type or print) 4 RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS HOURS 9. COUNTY OF DEATH 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF 8. MARRIED NEVER MARRIED country) sician and campletely filled in please remave carbon papers. burial-transit permit. Then please remave carbon papers. burial, crematian, ar remaval, and in any event, within 72 h DIVORCED 12a, USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR during most of working ble even fretired.) give street oddress 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e. STREET AND NUMBER extremed YES NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Last PHYSICIAN: The low requires that the death certificate be Adolphus W. Wells Mary Susan Williams physician Husband 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Same as Item 13. Yes, no or unknown) [ (If yes give wor or dates at service) Livingston Vann APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR Cond tions, if any, which gove ) rise to immediate cause (a), signed by 1 DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 arter in der of **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low re Page 4 may be retained by the hasp<sub>i</sub>tal ar attending **10 FUNERAL DIRECTOR:** After this certificate has been as the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES far use of Health 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) be detached 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County While Not white at work 22a | certify that (1) (this hospital) attended the deceased from 1105 CH 10, 1961, ta QCT, 11, 1968, that (1) (we) last saw the deceased alive on CCT, 1988, and that in (my) (our) opinion death occurred an the date and haur and from the 3 shauld couses stated above, (I) (we) (did) (did not) view the body ofter death. 226 J.GNATURE 22c DATE SIGNED page 3 DEGREE PHYS DIRECTOR 22e. ADDRESS XXXX 5009 Del Ray Ave. PHYSICIAN S ROBERT G. ANGLE director, po should be f Bethesda, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) 23g BURIAL CREMATION BEMOVAL (Searty) George Washington Cem. Hyattsville, Md. 10-14-68 24. FUNERAL DIRECTOR 250 RECD BY REGISTRAR PUMPHREY, Bethesda, Maryland





### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14796

				CEKTIFICATE OF DEATH		_
de		CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH Month / C Day	2b HOUR
		HIDE		Vard		, , , , , M
	3. SE		4. RACE	S DATE OF BIRTH	last butbaay)	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
		Male	"thite	Aug. 15. 188	88 80 "YRS	
	7o B	tru'	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9. COUNTY OF DEATH	
		Maine	U.S.A.	WIDOWED DIVORCED	Mo itaonery	Md
3		ity or town of DEATH	give street oddress	HISTORY OF THE STATE OF THE STA	AL OCCUPATION (Kind of work done lost of warking life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY 1021et eit
1, 150	13o odmi	USUAL RESIDENCE (Where decease ssion) STATE Md.	id lived, if institution: Residence before 13b COUNTY 10 tao ex	ove 13c. CITY OR TOWN 13d INSIDE CITY L	130 STREET AND NUMBER 0 8-105 Cedar St	reet
	14. F	ATHER'S NAME First A. drew	Middle Lost		First Middle rgaret	Coughli
	16a. Y	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? If or dates of service)  166 SOCIAL SECURI  579-07-2		Ward 8406 Cedar S	i've+ Sp+. Md.
		PART I. DEATH WAS CAUSED	Y one cause per line for (o), (b), ond BY: TE CAUSE (a) A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE	state with bon	y and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BY
	2.7					
		PART 2 OTHER SIGNIFICANT CONT	(t)	T NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION CIVEN IN DART 1(a)	1
		177 X	ATTORIS CONTRIBUTING TO DEATH BO	THO REDUIED TO THE TERRITIAL DISEASE OR	CONDITION OF CHI IN FACT 1(0)	
)	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS	S PERFORMED 200 AUTOPSY?  YES NO.	206 IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
	MEDICAL CER	21a ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exomina	HOUR A.M. Month Day Ye		er nature of injury in Part 1 or Part 2, Ite	m 18)
	WEI	21d INJURY OCCURRED 21e. F While Not while of work	PLACE OF INJURY ( AT HOME FARM, STREET OFFICE BUILDING, ETC.	, FACTORY.) 21f LOCATION Street or R.F.D. No		County State
		22a. I certify that (I) (this saw the deceased ali causes stated abave,	s haspital) attended the dece ive an <u> OC 「 コー</u> .(I) ( <del>we)(did)</del> (did nat) view tl	ased from <u>CC+1</u> , 19_ 19 &S , and that in (my) (aur) ap he bady after death.	(28, ta (10724, 196) inian death accurred an the date	that (!) (we) last and haur and fram the
		22b. SIGNATURE	4 Brudler		MED STAFF 22c DA	TE SIGNED   68
		22d. PHYSICIAN S NAME (Type) Re + 10	G. Rendler, M	22e ADDRESS 10870 Ga.	Ave., Wheather, Ma.	ryland
	23o.	BUR AL CREMATION, REMOVAL (Specify)		OF CEMETERY OR CREMATORY  of Hoaven Cemetery	23d LOCATION (City or Town) Silver Snr. Mc	(County) (State)
P	24	FUNERAL DIRECTOR G. Gle it zer E. Bumphi	n Carter Office Age	orgia Avence DATE	CT 30 1968 REGISTRARS SI	CHATURE Sudge

executed within 24 hours after deoth.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the meath certified Page 4 may be retained by the hospital or attending physician.



TO FURERAL DILECTOR: After this certificate has been signed by the ottending bysician and campletely filled in by the funeral director, page 3 should be detached for use as the burial trans! permit. Then please remove corban pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within a parts after death.

be executed within 24 hours after death.

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TO MOSTITAL OR ATTENDING PRYSICIAN: The low remuires that the death

Page 4 moy be retoined by the hospital or attending physicion.

#### MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS,

14797

/	Г	T T 8 O 11		Œ	KITHICATE OF	DEATH				
,		ECEASED NAME First Type or print)	/ /	Middle	Last		2g. DATE OF C		Day Year	2b. HOUR
		40	WARd	C	WARE			10 1	6 196	8 /AN
	3. \$	EX	4. RACE	.1	S. DATE OF B	IRTH	}	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS.
	L	MALE	Wh	itE.	181	15/1	7	5/ YR		
		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT C	OUNTRY? 8.	MARRIED 🗷 NEVER MAI	RRIED	9. COUNTY OF E	EATH	B	,
7	_	yeorgia	u.s.A.			RCED	MON	tannel	Ry Cou	WtV Md
1	10.	CITY OR TOWN OF DEATH	11. NAME ( give street	OF HOSPITAL OR INSTIT	UTION (If not in hospital			Kind of work dan fe, even if retired	12b KIND O	F BUSINESS OR
3		IlVER JPRIL	10	HOLV CL	coss Hosp			e, even il reineo	1000	triction
		USUAL RESIDENCE (Where deceginssion) STATE M.	d lived, if institution, I		3c CITY OR TOWN	13d. INSIDE CITY 18		ET AND NUMBER		
		I Rt.	13b. COUNTYMO >2		Sil.Spr.	707			nell Dri	ue
1	14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S M	_		Middle		Last
	L	John		Ware		9,	ulia		na.	rrard
	16a	WAS DECEASED EVER IN U.S. ARI	cor or distant of consists.	SOCIAL SECURITY NO.				Address	Sil. Sp.	r. Md.
	L	yes !	37 11 5	79-16-6 <b>9</b> 0:	5 Mary Con	use Uh	re 1092	9 Ruckin		0
		18. CAUSE OF DEATH (Enter or PART   DEATH WAS CAUSE		r (a), (b), and (c).)		on 11 -			BETWEEN	XIMATE INTERVAL ONSET AND DEATH
			ATE CAUSE (a)	1891	ATIC.	CAK	CINO	MA	101	445
		1621	DUE TO, OR AS	CONSEQUENCE OF	18.111	n >-	1	10 10 000	111	
		Canditions, if any, which gave to immediate cause (a).	(b)	MICIA	CHA	OF	LUA	1/6-	MC	171
		stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF						
		lost.	(c)							
		PART 2. OTHER SIGNIFICANT CO	IDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINA	AL D SEASE OR O	#	4 4 -	A AL PI	The same of the
	80	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	DEBATION WAS DEBTO	DRMED 20g. AUTO	5 C			S CONSIDERED IN	
	CERTIFICAT	17G. DATE OF OPERATION 17D.	CONDITION FOR WHICH O	FERALIUN WAS FERFU	YES T			OF DEATH?	22 CONSIDERED IN C	LEKTIFITING S
	ER3	210 ACCIDENT WAS UNDERLYIS	IG 21b TIME OF INJU	IDA	21c HOW INJURY OC		natura of injuni	in Part 1 as Part	2 Itom 181	
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MI	anth Day Year	Zie non nook) oc	COUNTR Ittiles	maible of injury	IN POST I OF FUIT	2, 116111 107	
١	MEDICAL	(If either, natify medical exami 21d, INJURY OCCURRED 21e.		19 IOME, FARM. STREET, FACTOR:	17.1 21f LOCATION Stre	at as P.E.O. No.	City o	r Town	County	State
		While Nat while	OFFIC	CE BUILDING, FTC.	The Cockston Sile	6. 01 K 1.1D 140	Crit d	TOWN	coorny	31010
		22a   certify that (1) (th	is haspital) attende	ad the decensed	from GCT	- 194	5 to C	11.16	19 68 tha	t (1) (wa) las
		22a. I certify that (I) (the saw the deceased a	live an CC	7. 16 196	and that in (m	y) (aur) opii	nian death ac	curred on the	date and hour	and from the
		causes stated above	; (I) (we) (did) (did	nat) yew the bar	dy after death.					
		22b. SIGNATURE	3/1/	2/11	ATTENDI	NG ren M	IED	STAFF - 2	2c. DATE SIGNED	1/1/10
		The Color of the C	7/ /7 0.	Jane 1	DEGREE PHYS		IRECTOR L	PHYS LJ	10-11	6/68
		22d. PHYSICIAN'S NAME (Ivre)	1 × 1/1	K-ROL	1 4 9 15 22e. ADI	1706	BIR.	12/12 5	5 91,	LUEZ
	22.	BUR AL CREMATION. 23b	DATE	1924 NAME OF CEA	METERY OR CREMATORY	700	I ma Tocaron	100 7	7/1	NAU.
	230.		D-18-1968		on Cemeteru			(City ar Tawn)	(County)	(State)
	14	ALMONT DIRECTOR &		ADDRESS		2So. REC'D B		EUILLO 2Sb. REGISTRA	Montage AR'S SIGNATURE	· Md
	1	Grant & Downh	Glen Carte	(4)	il. Spr. Mo	DATE O			liantes &	udar
	I VV	WELL DE LE TENTINE	THE TRUE . O	434 UC H	1110	L PUIL A	~ · · · · I	V V		



requires that the death certificate be executed within 24 haurs after death.

be retained



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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T.	2	₫	J	ø

is filed in by the funeral names. Pages I and 2 third 72 third death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20 Baurs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complitely director, page 3 should be detached far use as the burial-transit permit. Then please remote carbor shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event.

VR A15 (4) 30M REV. 1/68

П	15134		CERTIF	ICATE OF DEA	TH			
	DECEASED NAME Fire	it	Middle	Last	2a DATE 0	F OEATH	2 mg dl. noter	2b. HOUR
	(Type or print) Zda	110	0 /	Vecks	Oct.	Month /2Doy	7 2 466L	11:20/31
3 :	SEX	4 RACE		S. DATE OF BIRTH		6 AGE (In years	IF UNDER YEAR	IF UNDER 24 NRS
1	Female	Caucosian	•	9/29/	93	lost birthdoy)	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (State or fareign	76. CITIZEN OF WHAT COUN	ITRY? 8 MARRI	ED NEVER MARRIED	9. COUNTY 0	F DEATH		
101	intry) Maryland	U.J.A.	WIDOW	ED 📉 DIVORCED 🗌		190 mery		Md
10.	CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL OR INSTITUTION		USUAL OCCUPATO	N (Kind of work done	125 KIND OF E	BUSINESS OR
· ~	Fluce Spring 1	Yarran Celonia	Villa Nur.	ungstane	Mousew fo	g life, even if retired )	INDUSTRY	home
13a	SUAL RESIDENCE (Where dece	osed kved, if institut on, Res			TO	TREET AND NUMBER		Drive
	heey Chase 17	1. Mont	aomeru Che	of Chase YES	27/	105- Cheux	Chase 1	ake
1 .	FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN N	IAME First	Middle		Lost
- It -	the William		Gibson		Annie		a pro	erce
361	1. WAS DECEASED EVER IN U.S. AI Yes, no, or unknown) (1/4 yes,avg	e war or dates of service)		7, INFORMANT		Address	Sil.Spr	. Md.
-	ues W.		-46-1229	Mrs. Roberi	t Ellin II	3512 Westwi		e unterva.
П	18. CAUSE OF OEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a)	), $(b)_{\underline{i}}$ and $(c)$	9 DA				ISET AND DEATH
П	IMMES	DIATE CAUSE (0)	anome	- / Al	mulh		Almai	7/2/2
П	1519	DUE TO, OR AS A CON	SEQUENCE OF	$\Diamond$	•			
	Conditions, if any, which gave rise to immediate cause (a)	(D)						
	stating the underlying couse	DUE TO, OR AS A CON	SEQUENCE OF					
П	PART 2 OTHER SIGNIFICANT (	J (c)	DESTIL BUT NOT BUILDE	N TA TUT TERMINAL BUCCA	er ancountral as	THE IN CASE 12 I		
L	PART Z OTHER SIGNIFICANT O	JUDITIONS CONTRIBUTING TO	DEATH BUT NUT KELATE	D TO THE TERMINAL DISEA	SE OKCONDITION GIV	EN IN PAKT 1(0)		
NOI	19g. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20g. AUTOPSY?	Lefth	IF YES, WERE FINDINGS CO	NSIDERED IN CE	PTIEVING
CERTIFICATION	The state of the s	, constitution on which as En	ATTOM THE TEN ONLINE			ES OF DEATH?	MOIDENED IN CE	ATTI TITO
		ING 216 TIME OF INJURY	210	. HOW INJURY OCCURRED		ury in Part 1 or Port 2, I	tem 18)	
MEDICAL	OR CONTRIBUTING CAUSE OF DI		Doy Yeor			,		
ME	21d INJURY OCCURRED 21	e. PLACE OF INJURY (AT HOME,		F LOCATION Street or R.E	FD No. Cit	y or Tawn	County	Stote
Ш	While Nat while of work	(OHICE BL	JILDING, ETC.				1./	
1	22a. I certify that (I) (I saw the deceased	his hospital) attended (	he deceased from	,	19 4 7, 10_	1-2/ Cost, 19	, that	(I) (we) los
н	saw the deceased	alive an	201 196 P.	ond that in (my) (#	🖷 opinion death	occurred on the dat	e ond hour o	and from the
н	22b_SIGNATURE	re, (i) (we) (ala) (ala na	i) view the bady off	er deam.	<u> </u>	22, 5	ATE SIGNED	
П	Willian	a Delegal	30 Ent	EGREE PHYS.	DIRECTOR	STAFF   /	1/12/6	C
Н	22d. PHYSICIAN'S	(		22e ADDRESS	_ DIRECTOR	71113 7	11 2	
Ш	NAME (Type)	Wiam D. And,	M.D.	900	16 Colesus	lle Road	Sid Sp	r. Md.
230		DATE 2	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City or Town)	(County)	(Stote)
		)-16, 1968	Arlington	National Ce	eh.	Arlingto:	Virain	ia
26		. Glen Carter	ADDRESS Sil.	Sind Malaso, F	REC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
7	lanner & Durnt	1204 Jun 84	RU Generia	ANDRUG DATE	OCT 2 1 1	300 1000	reas les	14e



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14800 1. DECEASED NAME First Middle death. Lost 2a. DATE OF DEATH 2b. HOUR 24 havrs after death and funeral (Type ar print) 10 hhe 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS W completely filled in by 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) U SA wainia WIDOWED [7] D-VORCED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of fork dane give street address) during most of working life, even if retired) Kensington Gardens Janitarium 13a. USUAL RESIDENCE Where deceased lived, if institut an Residence before 13c City OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER admission) STATE COUNTY remove ERG 5+ and ( 14. FATHER'S NAME Lost MOTHER'S MAIDEN NAME First Middle Last requires that the death certificate be .⊆ unknown ledse 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT CtAddresGarrett. 1k. Md. Shelley Yes, na, ar unknown) (It was give war or dates of service) LOV signed by the attending phy APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Conditions, if any, which gave t rise to immediate cause (a). DUE TO, OR stating the underlying cause, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the Health prior to has been 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗔 O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work at wark 220. I certify that (I) (this haspital) attended the deceased from \_19 65, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on... be retained couses stated above, (1) (we) (did not) view the body ofter death. 226 SIGNATURE 22c DATE SIGNED ATTENDING DEGREE directar, page shauld be filed PHYS DIRECTOR Page 4 may PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town (County) (State) REMOVAL (Specify) ematein VR A15 (4)



VR A1574F% 30M REV. 1X68

230\_BURIAL, CREMATION, BREMOVAL (Secity)

24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home 1331 Rock. Pikar OCT 30

10/30/68

23b DATE

ADDRESS

VIET LAVE STATE

23c NAME OF CEMETERY OR CREMATORY

it. Mary's

250 REC'D BY REGISTRAR

23d. LOCATION (City or Town)

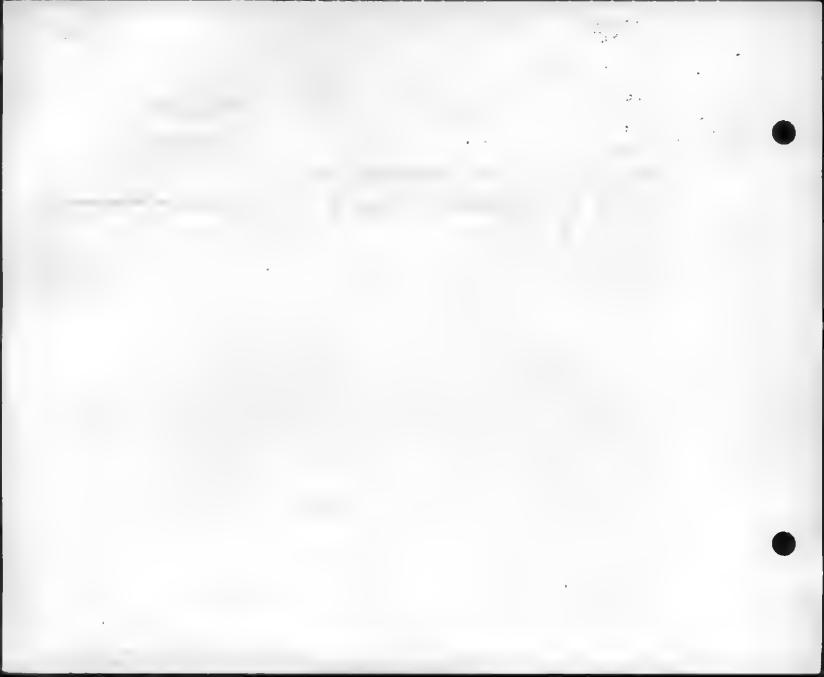
Rockville, Montg.

2Sb REGISTRAR'S SIGNATURE

(State)

Maryland

(County)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

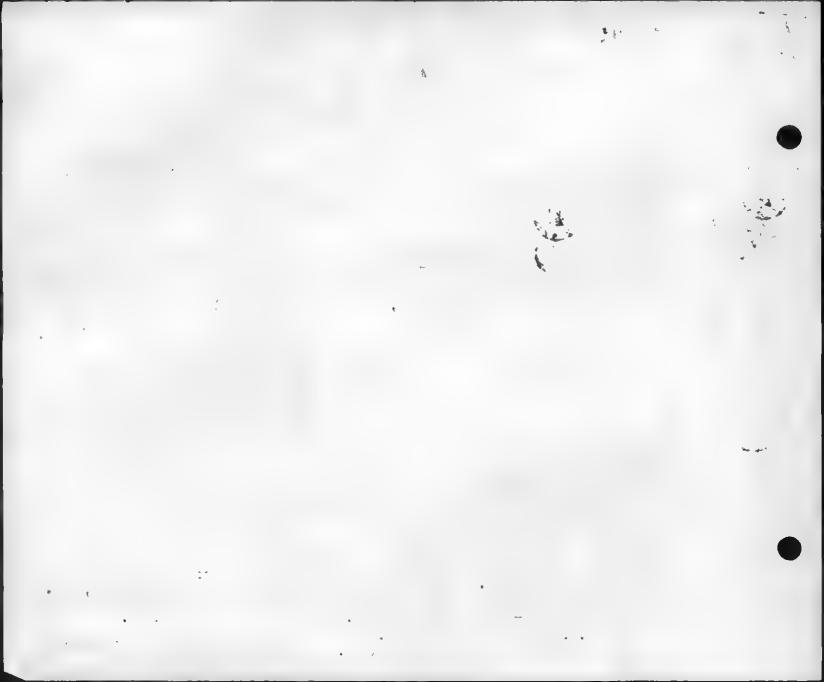
14802

	14794 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2.002
		ay Year 2b. HOUR
1	Type or Print): NETA BOWES- WEST DEATH MATED & COL	3 1968 4 AM
3. 5	EX 4 RACE S. DATE OF BIRTH 6. AGE (In yours IF JHDER 1 YEAR IF JHDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
Fe	PMALE WHITE Feb 2, 1898 TO YRS HOURS MIN Month oct Day 8	Yeor 1968 8 5 M
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
£OUI	11ry) Va. USA WIDOWED DIVORCED X MONTES	-t/ Md
10. (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12	E KIND OF BUSINESS OR
1	Laytons Ville give street address Laytons Ville Ra during most of working like even if e-compa	nion.
	USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	
0	MARYLAND BOOTGOMERY LANTONSVIlle YES NO 6010 LAYTONSVI	ille Rd.
14. (	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	lost
1	Nathanial Paul Bowels . Hattie L.	5 Penser
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
1	(if yes give war or dates of service) 225-52-5339 Son. William. L. West 1814 Elder R.	ActelPhi Mel
	18 CAUSE OF DEATH (Enter an y ane cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis, acute, probably viral eticlegy	and day
1	14 2 DUE TO, OR AS A CONSEQUENCE OF	or
	Conditions, if any, which gave	hours.
	r se ta immediate couse (o) {  stating the underlying cause {  DUE TO, OR AS A CONSEQUENCE OF	
	last (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
=	431X	
ATIO	19G DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
CERTIFICATION	WAS PERFORMED?	YES NO
₩ ₩	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	18)
DICAL MAIN	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P M. 19	
E E	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, with more factory, affice building, etc.)  21f LOCATION Street of R.F.D. No City of Town	County State
	WHILE AT WORK AT WORK	
	22a. I certify that I took charge of the remains described above, held an Autapsy 🔼 Inspection 💢 Inquiry 🔀	and in my opin an
	death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner	7
1	CHIEF MEDICAL EXAMINER	
	SIGNATURE Colom . 13. 12000 MD ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	GNED
	DEPLITY MEDICAL EXAMINED	1968
-	NAME (Type)  JOHN G. BALL  ADDRESS(Street, city, tawn, or county)  Bethese	da, Md.
230 B	REMOVAL (Specify) 10-10-68 Centerary Ch. Cemetery Arrington. Va.	Caunty) (State)
	FUNERAL DIRECTOR R. A. Pumphrey Bethesdapperiod & 250 RECD BY REGISTRAR LIST RECUSPARS S.C.	MATURIALAR
	reston Parr Funeral Chapel, Roseland, Va. DAN OCT 1 4 1968	- B. C.

5 may be retained for your files.

DICAL EXAMINER:

TO DEPUTY



14803

IF UNDER 1 YEAR

2b. HOUR

4:41pm

HE UNDER 24 HRS.

12b KIND OF BUSINESS OR

Contee Sand

BETWEEN ONSET AND DEAT

State

Caunty

VR A15 (41) 30M REV 1

REMOVAL (Specify)

Francis H. Barber

24. FUNERAL DIRECTOR

Oct. 8, 196

(County) Burtons ville Burtonsville Mont. 2Sq REC'D BY REGISTRAR **ADDRESS** 2Sb. REG STRAR S SIGNATURE Laytonsville, Md. DATE

, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DIVISION OF VITAL RECORDS. Item Lu FilmGh06

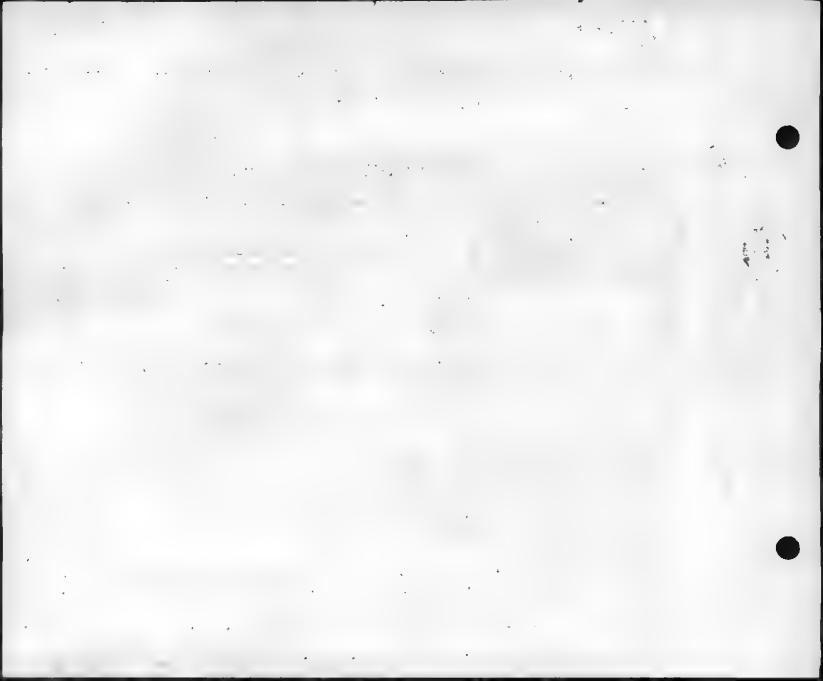
1	4	8	0	4
-	-	4	~	Addition.

54		CEASED NAME (pe or print)	First		Middle		Last		2a. DATE OF		Day	Yann		OUR P
Poges 1 and 2 lours ofter death.			Lorraine		Antoniett	e	Whitbeck		Oc	tober	9"	1968		00 M
ers. Poges 1 of the control of the c	3. SE)	( Fema	7.0	4. RACE	White		5. DATE OF BIRT			6. AGE (In ye last, buthday	ars /)	MONTHS DAYS	IF UNDER	24 HRS Min
Pogo ITS o							18 July			last shighday	YRS.			
ž.	7a. B cauni	IRTHPLACE (Sto	ite ar fareign	1	WHAT COUNTRY?		NEVER MARRI		COUNTY OF					
- 3-E	10.01	Minnes	ota	USA		WIDOWED		<u> </u>	Montgo			Int Cum o	C o Heliuree	Md.
plemse mmove torb per l'and in ony event,		ry or town of Bether	sda	g	NAME OF HOSPITAL OF	Linical	Center	during mas	t of working Housew.	(Kind of work fe even if re LTE	tired.)	126 KIND O INDUSTRY	F BOZINEZZ	OR
director, page 3 should be detached for use as the burial-transit permit. They plesse remove tark should be filed with the State Dept. of Health prior to burial, cremation, or remayol, and in any evert,	13a odmis	USUAL RESIDEN	CE (Where deceas Land	ed lived, if ins 13b. COUNT	Montgomery	re 13c GTY 0	r fown 13	e. Inside city can yes <mark>do:</mark> NO [	00 0	PL2 Kir		Court		
o o o	14. F	ATHER'S NAME	First	Midd	e Las	t	S. MOTHER'S MAIL	DEN NAME Firs	it	Mi	ddle		Lost	
d in			Ralph	Blan		nch/		Glady				Mart	tinek	
au du	16a. Ye	WAS DECEASED is, nevot unkno	EVER IN U.S. ARA	MED FORCES? ran or dates of service	16b. SOCIAL SÉCUR		INFORMANT T					7 10		071
202		No			None	T1	ne Clinio	cal Cer	nter, I	ATH, BE	the		1. 20	
e H			F DEATH (Enter and DEATH WAS CAUSES		at line for (a), (b), and							BETWEEN	ONSET AND O	EATH
or r.		PARTIL	, IMMEDIA	TE CAUSE (a) _	Cardiac	Arrest						10-1	min	utes
per Tion,	ODUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)  (b) Amyloid infiltration of the heart											-		1
IISII IIIO			diate cause (a), (	(0)			ration of	r the	neart		-7 -	0	mont	ns_
, cre	- 1	stating the u	nderlying couse		OR AS A CONSEQUENCE		alestas la	a-wh :	+	vesse		6	mont	hs
i i	1		R SIGNIFICANT COL		Amyloido: RIBUTING TO DEATH BU								21012	
<u> </u>	_	)	. 5101111101111 (01					PIOLITOR WILLIAM						
ioi	CERTIFICATION	19a. DATE OF O	PERATION 196.	CONDITION FOR	WHICH OPERATION WA	S PERFORMED	20a. AUTOPS	Y?		YES, WERE FIN	DINGS C	ONSIDERED IN	CERTIFYING	; ;
<u>a</u> /	IFIC						YES 🟋	NO 🗀	CAUSES	OF DEATH?	Yes			
f Healt	MEDICAL CER	OR CONTRIBUT	T WAS UNDERLYING CAUSE OF DEAT	HOUR A	E OF INJURY .M. Month Day Y .M.	21c.   ear	HOW INJURY OCCU	RRED (Enter r	nature af injur	y in Part 1 or	Part 2, I	tem 18.)		
Dept. o		21d INJURY (	OCCURRED 21e.	PLACE OF INJU	RY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	FACTORY, 21f			,	or Tawn		Caunty		tate
tote		22a. I cert	ify that (X) (th	is haspital),	ottended the dece	eased_fgm_	Oct 8	, 19 60	8 , ta U	St 9	_, 19_	68 , tha	t (X) (w	e) last
the		saw ti cause	ne deceased a s stated above	live an Oct e, <b>(k)</b> (we) (d	id) (didaa); view t	19 <u>68</u> , ai he bady aftei	nd that in <b>(2014</b> ) death.	(our) apini	ion death o	ccurred an	the da	te and havi	and fra	m the
IIM DE		22b. SIGNATUR	arles	0-1	Starles.	MD DEC	ATTENDING PHYS.	☐ MEI	D. ECTOR	STAFF PHYS.	9	DATE SIGNED Octobe:	r 196	8
d be fill		22d. PHÝSICIA NAME (T <sub>)</sub>		r J. S	taples, M.	D.	22e. ADDRE	The (	Clinica of Hea	al Cent Lth, Be	er,	Nation sda, M	nal 1. 20	014
onį	23a.	BURIAL, CREMA				OF CEMETERY O	R CREMATORY		23d. LOCATIO	N (City or Taw	m)	(County)	(State	)
E S		REMOVAL IS PE		0-14-6			metery		St. Pa	aul,			Min	٦.
		FUNERAL DIREC			ADDI		2	So. RF 784	REGISTRAR	68 REG	ISTRAR'S	SIGNATURE		
R A15 (4) 1 REV 1/68	LV	erly-	wheat le	ey Fun	eral Hom	e Alex	Va.	DATE	TAK	A K	Ma	was go	where	

ithed in by the funeral society. Poges I and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death, certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospitol or attending physician.



14797

CERTIFICATE OF DEATH

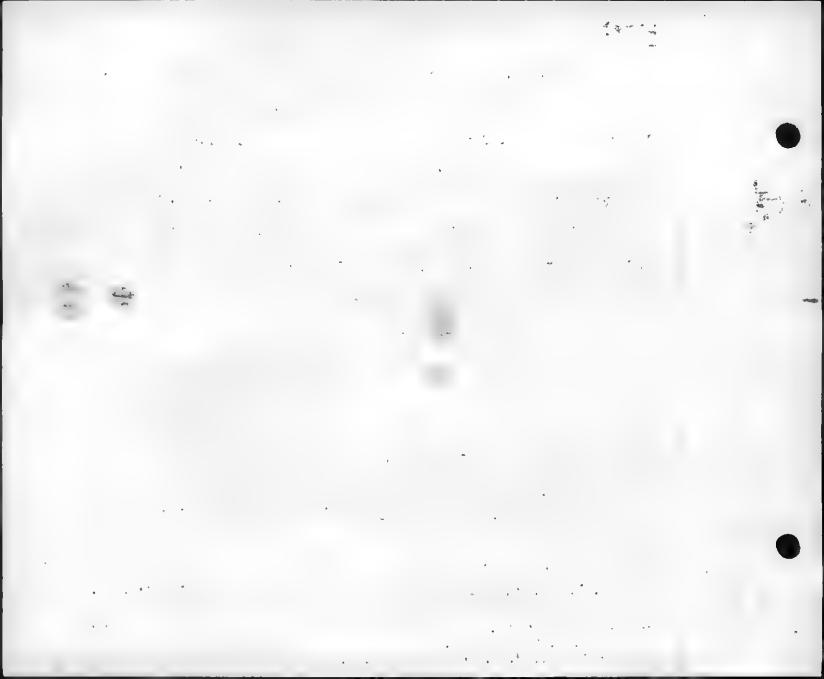
1	. DECEASED-NAME	First	Middle		Last		2a. DATE OF DEATH		2b. HOU			
ı	(Type or print)	Carroll	Eugene	WHO	TE		October	Day 10	Year 68 0835			
3	SEX	4 RACE		2	DATE OF BIR	RTH	6. AGE (In ye	ears +F J	INOER I YEAR   IF UNDER 24 H			
П	Male	Negro		I	April	1, 1949	lost birthdo	YRS. MON	TH'S DAYS HOURS M			
7	o. BIRTHPLACE (State ar fare	gn 7b. CITIZEN OF W	HAT COUNTRY?	MARRIED [			COUNTY OF DEATH					
ľ	ountry)Virginia	USA		WIDOWED 🗍			Montgomery					
10	CITY OR TOWN OF DEATH		AME OF HOSPITAL OR INSTI		in haspital	120 USUAL (	DECUPATION (Kind of war	k dane 1	26. KIND OF BUSINESS OR NOUSTRY			
L	Bethesda		street address) laval Hospit			USM	of working life, even if re	erired) [	MDOSIKI			
	3a. USUAL RESIDENCE (Where dmission) STATE Virg	deceased lived, if institution in its 13b. COUNTY		3c city or to Richmon		YES NO		BER 13rd St	t			
, 1	4. FATHER 5 NAME First	Middle	Last	15. A	AOTHER'S MA	IDEN NAME First		·ddle	Last			
Ί	Melv		White			Mar	y Alic	e	McCoy			
	60. WAS DECEASED EVER IN Yes, no 12 known)	JS ARMED FORCES?  OF WORLD FORCES?	166 SOCIAL SECURITY NO 223 70 3903		ORMANT rine (	Corps re		ldress	-			
ľ	PART I. DEATH WAS	inter anny ane cause per li CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).) Menigitis,	Chron	<u>i</u> c			>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	rise ta immediate cau	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.  Bronchopneumonia, Right  DUE TO, OR AS A CONSEQUENCE OF (c)										
	31	ANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL	DISEASE ORCON	DITION GIVEN IN PART 1(o					
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UN	19b. CONDITION FOR WE	HICH OPERATION WAS PERF	RFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CAUSES OF DEATH? 3					DERED IN CERTIFYING			
	21a. ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, natify medica	e of DEATH HOUR A.M. exominer) P.M.	Month Day gear	8			ature of injury in Part I or	Port 2, Item	18.)			
	While Not while at work	21e. PLACE OF INJURY Viet Name					City or Town	Viet N	ounty State			
	22a. 1 certify that saw the decer causes stated	(C) (this hospital) att ised alive all abave, (H) (we) (did)	ended the deceased 19 (didnat) view the bo	from Se 60, and to dy after de	pt。2 that in (新 ath.	5, 19 <u>68</u> <b>19</b> (aur) apinio	5 , ta Oct 10 an death accurred an	19 <u>68</u> the date o	that (%) (we) I and fram			
	22b. SIGNATURE	Egan m.		DEGREE	ATTENDIN PHYS.	L DIRE	CTOR STAFF EX	22c. DATE	signed ber 11,196			
	22d. PHYSICIAN S NAME (Type).	COLGAN, L	I'MC USNR		Na Na		oital, Bethe	sda, M	id.			
L	30. BURIAL CREMAT ON, REMOVAL (Specify)	23b DATE 10-17-6	23c. NAME OF CE	METERY OR CR	REMATORY		13d LOCATION (City or Town Richmon)	7 1	aunty) (State)			
2	4 FUNERAL DIRECTOR W.					250 REC'D BY		ISTRAR'S SIGN				
	1400 Chapir	St., N. W.	Washington	. D. C		DATE OCT	1 6 1968	Many	las Judge			

VR A15 (4) 30M REV. 1/6

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physion and completely filled in by the Tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the haspital or attending physician.

be executed within 24 hou



L	***			CERTIFIC	ATE OF DEATH				A 10 (	<i>J</i> ( <i>J</i>
	ECEASED NAME	First	Middle		Last	20. DA	TE OF DEATH			26. HOUR
'	Type or print)	nary	B	1	While		Month	Day 23.9	Year 68	35p
3. 5	EX	4. RACE			5. DATE OF BIRTH		6. AGE (In year		UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	Ca	UCasian		11/9/73	5	last birthday	YRS. MO	INTHS DAYS	HOURS MIN
	BÎRTHPLACE (State or fareig	jn 76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNT	TY OF DEATH			
COU	conn.	Unite	d States	WIDOWED		ma	nlaame	Sel		М
10.	CITY OR TOWN OF DEATH		NAME OF HOSPITAL OR IN	STITUTION (If no		SUAL OCCUPA	ATION (Kink of work	done \	126 KIND OF	BUSINESS OR
100	locky. lle	_   <del>2</del>	ive street address)	Hou h.	during during	most of wo	tking life, even if ret		INDUSTRY	
130	USUAL RESIDENCE (Where		itution: Residence before			Y LIM TS?	3e. STREET AND NUME	BER		
gani	HISTOPHIATY/a	nd 13h SOUNT	ntgomery	Bethe	sda YES	NO []	9427 0	rose	hill	Dr.
14	FATHER'S NAME First	Middl		45	MOTHER 5 MAIDEN NAME	First	Mic	ddle	4.4	Last
	Geo	pge o	Babe	cock	$\alpha$	Imi	ra		C	arra
	. WAS DECEASED EVER IN U	S. ARMED FORCES? yas give wor or dates of service	16b SOCIAL SECURITY	NO. 17 II	FORMANT	,		lress		# 13
	20	_	Pass	m	T. Dewit	t W	hite, S	07/	Sar	
	18. CAUSE OF DEATH (Er	nter anly one cause pe	er ly@far (a), (b), and (c)	) , ,	5/- /	0	1		DETW	AND GEATH
	PART 1. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a) _	Carolin-	spin	alon to	all	ne		124	illen
	4339	-,	OR ASSA COMPANIE OF	2	12/1	4	/-			1
L	Conditions, if any, which use to immediate caus		au ra	C va	seurax	w	rampo	w	ser	. War
	stoting the underlying		OR AS A 2 ONSEQUENCE OF	lan	Connele	081	3 to soll	7	200	10 10 000
	last.	) (c)_	Je je i ce i	avege.	9 0000		comme	uons	- man	y gran
ı	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTR	RIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE O	RCONDITION	GIVEN IN PART 1(a)			0
S										
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	200 AUTOPSY?		Ob IF YES, WERE FIND CAUSES OF DEATH?	DINGS CONS	SIDERED IN CE	RTIFYING
E	- 15/15/17 11/10 N/5				YES NO					
	210 ACCIDENT WAS JND		E OF INJURY .M. Manth Day Year	21c HO	W INJURY OCCURRED (Er	rter nature o	of injury in Port 1 or 1	Part 2, Iten	n 18.)	
MEDICAL	(If either, not fy medical	examiner) P.	.M. 1	9						
2	21d NJURY OCCURRED While Mat while	21e PLACE OF INJUI	RY (AT HOME FARM, STREET, FA OFFICE BUILDING, ETC	CTORY.) 21f LO	CATION Street or RFD	No	City or Town	1	County	State
П	at work at work			1.6	10 1 A D	/ D	02/25	10	(/ 1 .	/13 / 3 /
П	22a <b>I certify</b> that ( saw the decea	(I) (this haspital)	oftended the deceas	ed fram L9 ∡02 and	that in my) (aux)	0.35, 10	oth occurred on t	_, 19 <u>_6</u> the date	ond hour a	(I) ( <del>we) la</del>
	causes stated	above, (i) (***) (d	id) (did not) view the	body after d	leath.	pinton de	din ucconed on	ille dule	UNU NOUT C	onu noni ni
	22b. SIGNATURE	- 11	11,4	1 .1	Marina 1	1150	CTAFF	22c. DAT	E SIGNED	1.0
	1/K	RINT.	Miles	le der	EE PHYS.	DIRECTOR	STAFF D	1/3	129	168
	22d PHYSICHAN'S		1 11:	11-1	22e. ADDRESS	0.		0.1	11.00	. 100
	NAME (Type)	VRGE /	. 14/701	TELL	11/25/	OCKI	MILE PK- 1	00/	VIC CE	1
.23a	BURIAL, CREMATION,	23b DATE		CEMETERY OR	CREMATORY	23d L(	OCATION (City or Town	n) (	(County)	(Stote)
		10-31-196					gantown,		-	ınıa
24.	FUNERAL DIRECTOR		ADDRESS		75 0 MIC	BY REGISTE		STRAR'S SIG	SNATURE	4.0
0	DIETH STOWN	cens den -	-WASHME	7020 -	DATE IN	JA (	1968 🔑	May	Cay you	150.

**TO TIMERAL DIEETOR:** After this certificate llas been signed lly the attending physician and campletely fill director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, with VR A15 (4) 30M REV. 1768

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 bours after death.

Page 4 may be retained by the haspital ar attending physician.

64 1

\* \$ 30, 1



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ı	18400		CEI	RTIFICA	E OF DEAT	H	,	1	.4808	3
Ī		rst	Middle		Last	20.	DATE OF DEATH			2b HOUR A
L	(Type or print) Edwa:	rđ	Theobald	W:	ldmann		Octobe:	r 3	1.968	6:50 M
3	SEX Male	4 RACE	White		DATE OF BIRTH	r 190	6. AGE (In ye lost bythdo		UNOER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MEN.
. 7	a BIRTHPLACE (Stote or foreign aunity) Pennsylvani	76. CITIZEN OF W		MARRIED 🔀 VIDOWED 🔲	NEVER MARRIED DIVORCED		INTY OF DEATH Montgomery			Md
Ľ	Bethesda	11. N 9'Y	AME OF HOSPITAL OR INSTITU treet address he Clinical	Center	durin		UPATION (Kind of work working life, even if re OI 110 y		12b. KIND OF B INDUSTRY	USINESS OR
/ a	da. uSuAL RESIDENCE (Where de dmission) STATE Washington,			nington	DC YES X	№ □	13e STREET AND NUM 4605 Alber	mar <b>i</b> e	Street	t, NW
护	4 FATHER S NAME First	Middle	last	15. M	OTHER'S MAIDEN NAN	_		ıddie	α.	Lost
L	John		Widmann			ry		М.	Gra	rr
	No	ive war or dates of service)	166 SOCIAL SECURITY NO. 577-60-1080	The		Cent	er, NIH, B			
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	s,lun	BEBANNEN ON 4 Ye							
١	Conditions, if any, which gove by size to immediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF  Splenomegaly									ths
ı	stoting the underlying couse (c) Atherosclerosis, aorta, (Mild)									rs
П	PART 2 OTHER SIGNIFICANT			RELATED TO TH	E TERMINAL DISEASE	ORCONDITI	ON GIVEN IN PART I(o)			
Н	Pleur		on, (right)							
l	190 DATE OF OPERATION  210 ACCIDENT WAS UNDER	9b. CONDITION FOR WI	IICH OPERATION WAS PERFO	RMED	20a. AUTOPSY? YES NO		20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONS	IDERED IN CER	RTIFYING
	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)    OR CONTRIBUTING   CALSE OF GEATH   HOUR A.M.   Manth   Doy   Year								18.)	
	While Nat while at work		AT HOME FARM, STREET, FACTORY OFFICE BUILDING, ETC.				City or Town		County	Stote
١	causes stated ab	l alive an OCTC	ended the deceased ber 3 19 (dictant) view the boo	20., ond th	iat in ( <b>1616)</b> (our).	9 <u>68</u> , apinion i	ta October death occurred an	3 , 19 <u>(</u> the dote	ond hour a	(t) (we) last nd from the
	22b. SIGNATURE Davold	fox fe	4D.	DEGREE	ATTENDING PHYS.	MED. DIRECTO		3 Oc	tober	
	22d. PHYSICIAN'S NAME (Type) Here	ld C Sor	Jr MD		22e ADDRESS T	ne Cl	inical Cen Health, B	ter, l	Nationa da. Md	el. 20014

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pallegs—Pages 1 and 2—should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. VR AT 30M REV

23a

BURIAL, (REMATION, REMOVAL (Specify)

FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.

23b DATE

Harold

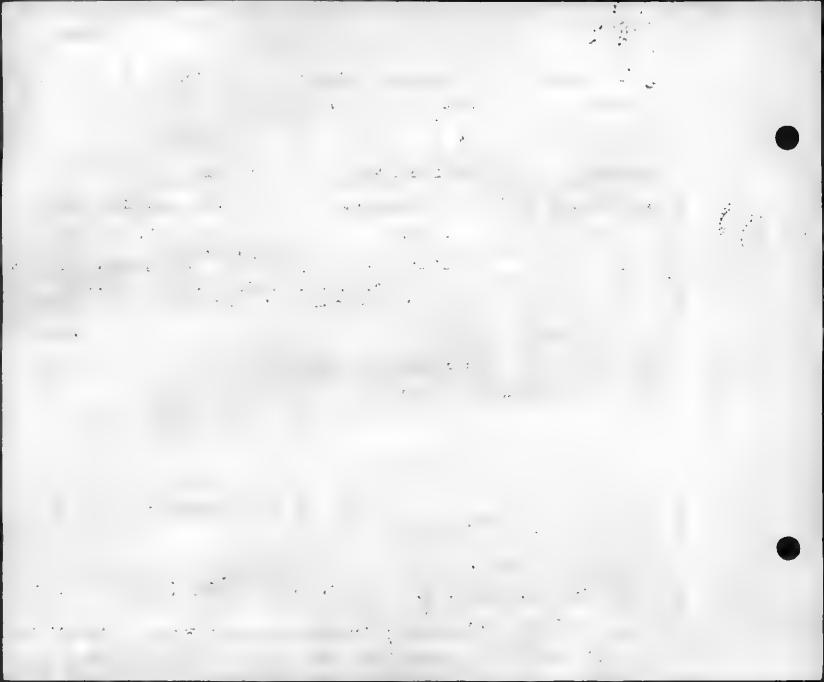
NAME OF CEMETERY 23c **ADDRESS** 

Sox. Jr. MD

22. ADDRESS The Institutes 23d

Clinical Center, National of Health, Bethesda, Md. 20014 (State (County)

8 256. REGISTRAR'S SIGNATURE
1868 Clarle 250 REC'D BY REGISTRAR 9



pending" in pencil in Item 18. Give Pages 1

This certificate shauld be executed within 24 hours after death

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14809

1.		1206	J 24.	MEDICA	AL EXAMINE	ER'S CI	RTIFICATE	OF DEA	TH					
		(EASED-NAME ype or Print)	First HAZE		M ddie	WI	Lost		OI	TE KNOWN F ESTI- TH MATED	Month 10-1		Yeor 68	2 HOUR
	3 SE	x Female	4 RACE White		45-8-95 6 Al GC 1	GE (In years by thicky) YRS	MONTHS DAYS	HOURS I	20 000	TE PRONOUNCE onth 10	DOY 1	Yeor	, 68 <sup>2</sup>	4:38
70. BIRTHPLACE (State or foreign country) III. 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEA WIDOWED DIVORCED Montg														Md
Æ	Takoma Park give street oddress) Wash. San. & Hosp during most of working life, even if retured.) In 130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) STATE III. 13b. COUNTY LAKE Lake Forrest YES NO 750 Morningsi												Homa	
1													)r.	
	4 FA	ATHER S NAME	Hanibal	Miller Miller	Lost		is, mother's ma Emma	B	First	Me	ddie	Ne	lost	r
		WAS DECEASED EN	/ER IN U.S. ARMED FO vn) (If yes gove we	RCES? ir or detes of service)	166 SOCIAL SECURITY		7 INFORMANT Cyrus Wi	(Son) 11, 181		addre			• •	
													ROXIMATE INT EN ONSET AN	D DEATH
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
	CERTIFICATION	190. DATE OF C	PERATION		96 CONDITION FOR WAS PERFORMED		RATION						UTOPSY?	NO 💢
	MEDICAL CER	210 EXTERNAL PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING		9.44		To how indury o	CCURRED (Enter	noture of inj	ury in Port 1 c	or Port 2, Ite	m 18)		
	WE	21d NJRY OC WHILE AT WORK		ACE OF INJURY (At ory, office building,	home, form, street, etc.)	2	1f LOCATION Street	orRFD No	(ı	ty or Town		County		Store
					e remains descrit es 🔼 , Accide		Suicide	Hamicide		n 🔀 , In determined	quiry 🗶 manner [	, and	l in my	ap`n, an
		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	John	fm 3. 19. Bal	Ball L, MD		M D AS	IEF MEDICAL EX/ SISTANT MEDICAL PUTY MEDICAL E DRESS(Street, cit	L EXAMINER		226 DATES	4	196	8 e.
	5	BURIAL, CREMA REMOVAL (Spec	(Y) oct	3 1968	Memors	ial P	OR CREMATORY  Ark Ceme		Evans		Uino	(County)	(Stat	e)
1	Va	ener E.		Carter 1, Inc.,	8434 Ga.		., 5.5.	250. REC'D B		25b. RE	Class	IGNATURE	udat	

VR ATSME (5) TOM REV 1/68

5 may be retained far yaur files.

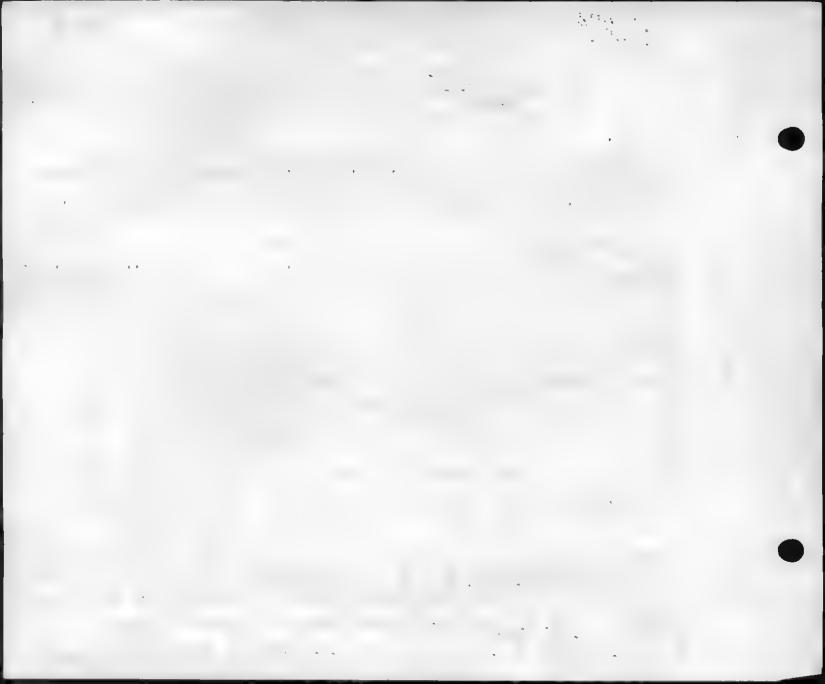
Health prior to burial, cremation, or removal, and in any event within 72

hours after death.

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with

necessary, please execute the certificate writing the word

DICAL EXAMINER:



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- 1	Z	R	1	0
4	Œ	U	4	V.

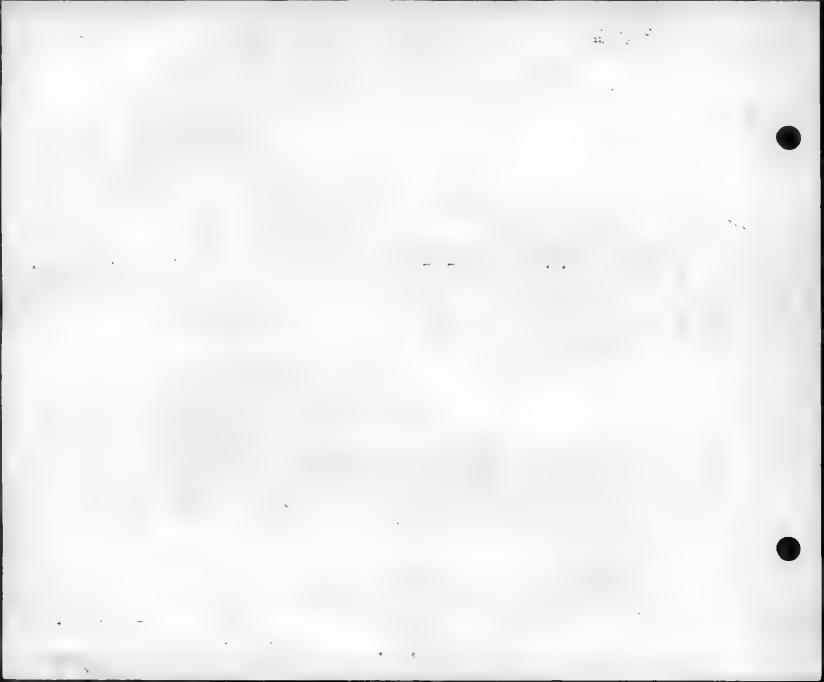
				CI	ERTIFI	CATE OF	DEATH					
	EASED-NAME	First	M	ıddle		Lost		2o. DATE	OF DEATH			2b. HOUR
(Ty	pe or print)	Edward	Caspe	r l	Nilli	ams			Oct	. 3 Pay	1968	8:30
3. SEX	Female	4 RACE	White			s. date of e Maj	7 16, 1	911	6. AGE (Ir lost birth		IF UNDER 1 YEAR MONTHS DAYS	1F UNDER 24 HRS HOURS MH.
7a. Bl count	RTHPLACE (Stote or Mary Land	areign 7b. CITIZEN	OF WHAT COUNTE	RY?	8 MARRIED WIDOWED	NEVER MA	RRIED 9	. COUNTY	OF DEATH Mo	ntgom	ery	M
10. CIT	ry or town of dea Damascus	TH	give street odde	6 Rid	itution (ifi ge Rá				ON (Kind af v ing life, even i 1 Cer		12b. KIND OF INDUSTRY	BUSINESS OR
admiss	Marylan		institution: Reside JNTY ontgome	nce before	Dama	R TOWN	NO SET THE CALL FIELD		STREET AND A	Ridge	Rd.	
14. FA	THER'S NAME F	irst Mi	ddle	Lost	1	S. MOTHER'S N	MAIDEN NAME FIR	st		M₁ddle		Lost
		Downey M		liams				E1:	izabet		Bol	ton
160. 1	WAS DECEASED EVER is, nq <sub>+</sub> ar unknawn)	IN U.S. ARMED FORCES? (If yes give war or dates of se		AL SECURITY NO	17.	INFORMANT				Address		
	Yes	WW # 2	212-	03-39	47	Osbori	ie E. W	illi	ams,	Damas	cus, M	d.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave  (b)											
:	nse to immediate of stating the underly lost	anze (a), (	O, OR AS A CONSE	QUENCE OF								
	PART 2. OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING TO DI	EATH BUT NOT	RELATED 1	O THE TERMIN	AL DISEASE OR CO			.,		
RTIFIC	190 DATE OF OPERATI		OR WHICH OPERAT	TION WAS PERF	FORMED	20a. AUT YES			IF YES, WERE JSES OF DEATH		INSIDERED IN (	ERTIFYING.
ਤੋਂ ।	2 To ACCIDENT WAS □ OR CONTRIBUTING □ (If either, natify med	CAUSE OF DEATH HOU	P.M.	Day Year			CCURRED (Enter	nature of i	injury in Port 1	or Port 2, It	tem 16.)	
	21d. INJURY OCCURS While Not while at work						eet ar R.F.D. No		City or Town		County	Stote
	220. I certify the saw the de couses stot	ot (I) (this haspida ceased alive on— ed abave, (I)	(did) (did)	e_deceosed 2 19 view the b	from # Ody ofter	nd iKot in (r death.	ny) (19 <i>59</i>	ion deol	th occurred	on the dot	that le ond hour	ond from th
П	22b. SIGNATURE	amo &	-Ker	J. N.J	D- DEG	REE PHYS	OII	D RECTOR [	STAFF PHYS	□	ATE SIGNED	68
	22d. PHYSICIAN'S NAME (Type)	James	P. Kerr	, M.D.	a	22e. AD	_	nascı	ıs, Md	•		
23a.	BURIAL, CREMATION, REMOVAL (Specify) Burial	Nov. 2.		Mt.	_	R CREMATORY				ascus		(Stote)
	UNERAL DIRECTOR	. Moleswo		ADDRESS mascu	s, Ma	1.	DATE NOV		1988	gelis		edge

TO FUNERAL DIRECTOR: After this certificmte hms been signed by the attending physician and chaplesely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers, should be filed with the State Dept. af Health prior ta burial, crematian, ar removal, and in any event, within 72 ha TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exegutated Page 4 may be retained by the haspital ar attending physician.

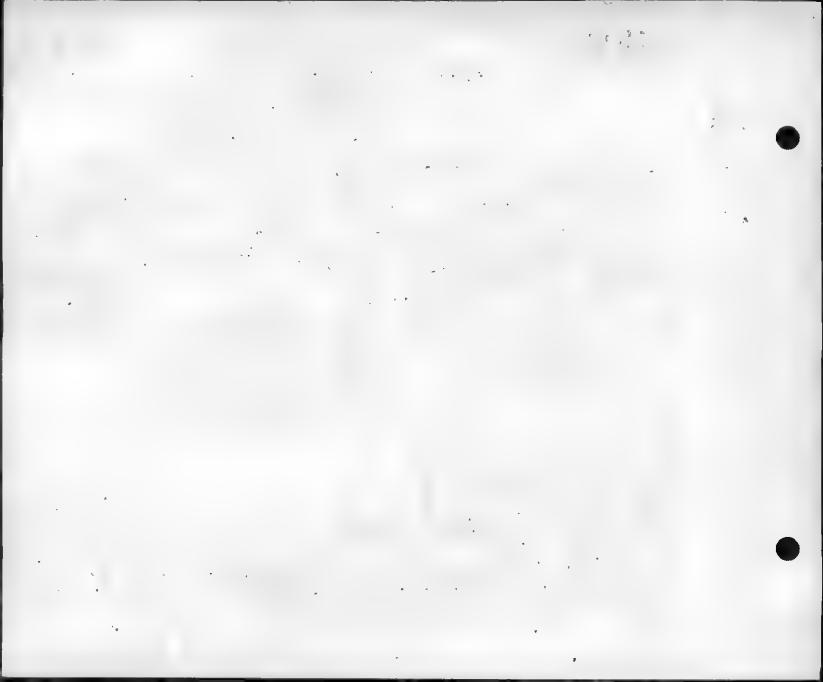
within 24 hours after death.

VR A15 (4) (3) 30M REV 1/68)





	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	14804 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	312
HEALTH DEPT.	I DECEASED NAME First / Moddle / Lost 20 DATE KNOWN Menth , C	Doy Year 2b HOUR
15 af a	(Type or Print) 5 helia Bene Wilson DEATH MATED THE	4 1968 7 7 M
lay is 1 3 to 1 2 to Page	3 SEX 4 ST S DATE OF BIRTH 6 AGE (In yours IF JADER I YEAR IF UNDER 24 MRS 2c. DATE PRONOUNCED DEAD	2d HOUR
ny delay 2 and 3 PM3. Pa Poartment	Fem 26 Bonasia Feb 25, 1968 last buthday MONTHS DAYS HOURS MIN MONTH 70- DOY	Yeor 19 18 75 M
PM PM	O BIRTHPLACE (State or forgign   76 CITIZEN OF WHAT COUNTRY?) 8. MARRIED NEVER MARRIED   9 COUNTY OF DEATH /	
les les	country) Md U. 3. H WIDOWED DIVORCED 1 Mont gome	enel Md
death Pages with far	10 CITY OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kipo St work done 1	26 KINE OF BUS NESS OR
death re Pages with fa with fa	The the sala give street oddress) Jub ur bace during most of vorking between it retired.)	NDUSTRY
after de 8. Give alang w with the death.	130 USUAL RESIDENCE (Where deceased I ved, if institut on Residence before 13c CITY OR TOWN 13d MISIOE CITY LIMILS? 13e STREET OND NUMBER	/ 13
s after 18. Give a alange a alange death.	odmission) STATE Mich. 130. COMMYY GENERAL TSOUGH YES INO I Trace to the	- 2
thours after death tem 18. Give Pag Office along with land 2 with the Sta after death.	14 FATHER'S NAME First Middle Model	Lost
	Sylvester Willson Virgie Virginia	-Tackson
miner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Janknown) (19 yes give wor or dates of service)  [19 yes give wor or dates of service)	17507207
	(15, 10, 5) present of colors of some of the property of the p	Ksim Brech
- S	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	APPROX MATE INTERVALABLE BETWEEN ONSET AND CHURCH
be executed "pending". The medical ansit permit event within	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Broncho-pneumonia, bilateral	24h 7.
be exemple in the period of th	サ とう	
hief ansi	Conditions, if only, which gove a rise to immediate couse (a), (b)	
shauld be execute e ward "pending", the Chief Medical urial-transit permit in any event with	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
e sho the w ta th buri	last (c)	
m = -	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	8 49/X	
is certific te, writin farward farward oe used a removat,	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
The set of	<u> </u>	YES NO
	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Yeor 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 2 PRIMARY OR CONTRIBUTING HOUR A.M.	1 18.}
NER New hour iles.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
XAMINER: tte the certified 4 should your files. Page 3 shau cremation,	WHILE MOT WHILE foctory, office building, etc.)	Ecounty State
EXAMINER: cute the cert age 4 should age 4 should ryaur files. Page 3 shauld, cremation it, cremation	AT WORK AT WORK	1.
ICAL E executor Paragramment	220 I certify that I took charge of the remains described above, held an Autapsy (2), Inspection (3), Inquiry (3),	ond in my opinion
please e I directa retained retained iar to bu	deoth resulted fram Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined monner	
TY please y, please stal direct be retaine tal prize to be prize to be	ACTUAL  CHIEF MEDICAL EXAMINER  22b DATE SI  ASSISTANT MED CAL EXAMINER  22b DATE SI	CNED
ssary, the funeral of be read the print	SIGNATURE TO THE STATE OF THE S	1968
o DEPUTY DICAL EX necessary, please execut the funeral director Page 5 may be retained for y 5 FUNERAL DIRECTOR: P Health prior to burnal,	NAME (Type)  ADDRESS(Street, city, town, or county)	, , , , , , , ,
TO DEPUTY necessary, the funers 5 may be TO FUNERA Health pr		County) , (State)
	BURIS 10-7-68 /Ut. ZIO7, SOLMAN;	Md
	24 EMPERAL DIRECTOR SADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR S/SI	GNATURE
VR A15ME (5) 10M REV 1/68	Robert L. Juonder - Kochalle Mrs OCT 9 1968 Clienter	Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14808

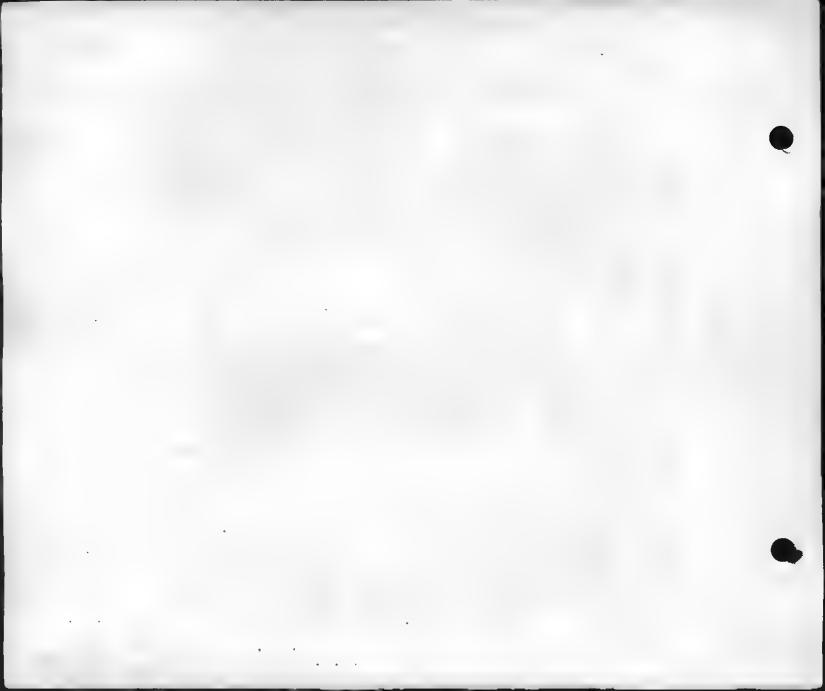
CERTIFICATE OF DEATH

14814

		THOU	)		CEKTIFIC	LAIE	OF DEATH			J. 2 U	工工	
		PLACE OF DEATH a. COUNTY	ONTGOMER	v crv	MARYLI	IND	2 USUAL RESIDENCE (V a. STATE Md.	Where deceosed	lived, if institution b. COUN	TY		
		b (ITY OR TOWN (	If autside corporate limit give nearest tawn)		c. LENGTH OF STAY IN		c. CITY OR TOWN (IF au			Montgo		<u>Y</u>
	-	Silver	Spring  AL OR INSTITUTION (If no	at in hasnital	nive street address)		Silver	Spring	3		e S RESI	DENCE
3+			ross Hos		give street educati		2104 E1	lis S	treet		ON A F	
	3	NAME OF DECEASED (Type or print)	JULIUS	rst	Middle	WO	Last	4. DATE OF DEATH	Manth 10	31	Ö 19	68
	. S	Male	6. COLOR OR RACE white	7 MARRIED WIDOWED	NEVER MARRIED  DIVORCED		1/22/00	68	AGE (In years tost pirthday) yrs.	Months Days		R 24 HRS M.n.
	10o dur	USUAL OCCUPATION most of working Execut	(Give kind of work done lite, even if retired) IVE	16	IND OF BUSINESS OR HOUSTRY	**	11 BIRTHPLACE (County Ala.	& State, or foreig	gn country)	12 CITIZEN COUNTRY		USA
		FATHER'S NAME Otto					14. MOTHER'S MAIDEN I	NAME arah P	ack			
	75 (Ye	WAS DECEASED EVE es, na, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service) 16	SOCIAL SECURITY NO		nformant s.Jeanett	e Morr	Addres		4 EI	liş
		PART I. DEA'  A Dear  Conditions, if ony, rise to immediat stating the under last.	e cause (a), (	(a) TO (b)	rigestu Sterios	ell	Least public &	bail.	luse Dist		SET AND	
1	CATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELAT	ED 10 1	HE TERMINAL D SEASE CON	NDITION GIVEN I	N PART I(o)	10	WAS ALT PERFORM YES (X)	OPSY NO
	MEDICAL CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	SUMBERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY OCC	URRED (	Enter nature of injury in	Port I or Part II	of item 18)			
	MEDICA	20c TIME OF INJU Hour o.r p.r	f va	20d 1 While at war	Not While		E OF INJURY (Harne, farm ary, street, affice bldg., etc.)		C ty ar town)	(County)		(State)
		saw the de	fy that (I) (this has eceased alive an_/		ded the deceased fr		death occurred at			ind an the do		
		220 SIGNATURE	Aru	4/1/	au)	M.D		MED DIRECTOR	TAPT PHYS.	22b DATE SVE	20/6	8
1		22c. PHYSICIAN'S NAME (Type)	110111	Ci	Scruggs,	MD	22d ADDRESS C6	3ggs/	Fane?	Sethesi	la,N	101.
	23c	BURTAL, CREMATIC REMOVAL (Specify BUT1 al	on, 23b Date th 11/	1/68	23c NAME OF CEMETE Wash.Hebi		Cong.Cem		TION (City or Tow hington		(y) (	State)
	B 9	FUNERAL DIRECTO	anzansky	& Son	ADDRESS 3501 Wash	14t	h St.N. Win	BY REGISTRAR	25b REG	Clayles		ul

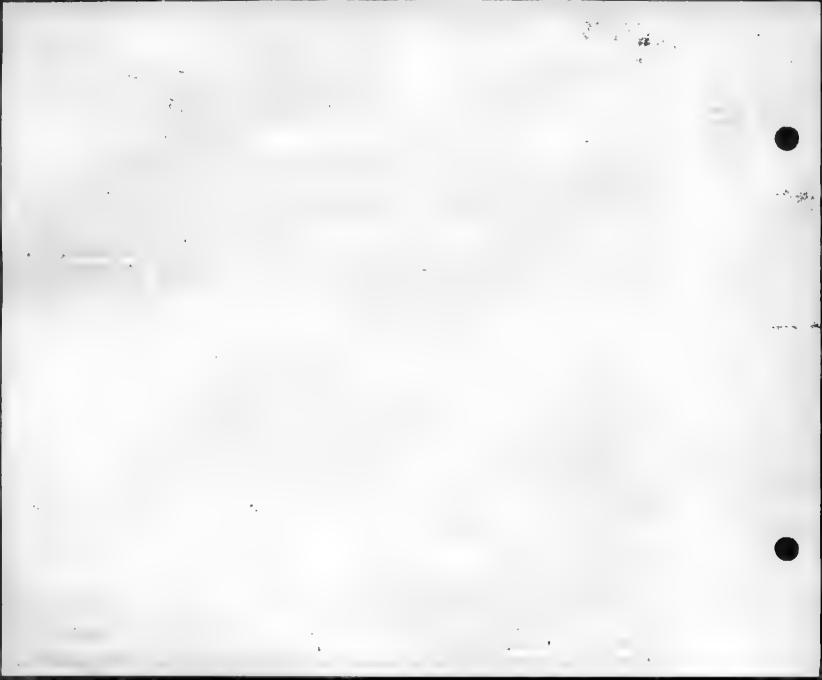
In by the funeral cers. Pages 8, and 2 2 haurs after death, within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletry filled in by the director, page 3 should be detached for use as the burial transit permit. Then please remove carbat pagers. Pages should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours. 10 HOWNIA OR ATTENDING PHYSICAN: The law requirem that the death certificate by executed Page 4 may be retained by the hompital = attending physician.

VR A15 (4) 25M 1/67





VR A15 (4) 30M REV 1/68



funeral and 2

death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers, be should be filed with the State Dept. af Health priar to burial, cremation, or removal, and in any eyent, within 72 habes

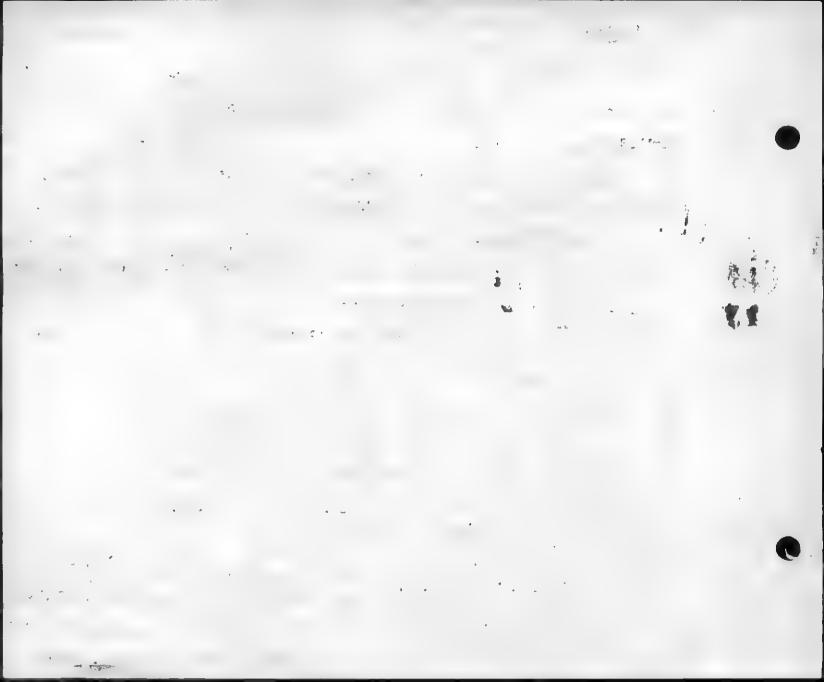
VR A15 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14817

		ECEASED-NAME First	Middle		Lost	2a. DATE OF			2b. HOUR ]
	{T	(ype or pnnt) Mary	y (None)	Y	oung	Oc	Month Day	1968	6:18
	3. SE	X	4 RACE	S	. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Female	Morros		Ol December	1000	last b rthdoy) 47 YRS.	MONTHS DAYS	HOURS MIN
	70 5		7b. CITIZEN OF WHAT COUNTRY?		24 December	9. COUNTY OF			
	COUL	ntry)			NEVER MARRIED				
		orth Carolina	USA	WIDOWED			ontgomery		Mo
	10 C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS give street address)	STITUTION (If nat			(Kind at wark dane life, even if retired)	12b KIND OF	BUSINESS OR
0		Bethesda	The Clinical	Center	NIH	Laundre	SS	Domes	tic
. "		USUAL RESIDENCE (Where decease	ed lived, if institution: Residence before	13c. CITY OR T	OWN 138 INSIDE CITY I		REET AND NUMBER		
17	TC P	strict of Colu	J.L.b. COUNTY	Washin	gton YES X N	0□   29	33 Stanton	Road.	S.E.
		FATHER'S NAME First	Middle Lost		MOTHER'S MAIDEN NAME	First	Middle		Last
		Joseph	Carroll Nort	h	Ha	ttie		Bl	Lackburr
	16a	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b. SOCIAL SECURITY I		ORMANI The Med		cord Address		
	Y	(es, no, or unknown) (If yes give wo	or or dutes of service)		ne Clinical			esda. N	aryland
			y one cause per line for (ο), (b), and (ε)					APPROXI	MATE INTERVAL
		PART I. DEATH WAS CAUSED	BY: Rileterel		ie			36 H	OHSET AND DEATH
		1MMEDIA	ILE CHOSE (a)	pricomori	<u>- C</u>			30 11	
		× 2 /	DUE TO, OR AS A CONSEQUENCE OF		- 1 1			25.14	Company of the Compan
		Conditions, if ony, which gave ) rise to immediate cause (o),	(b) Chronic my	elogeno	us leukemia			15 M	lonths
		stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE OF						
		lost.	(c)						
		PART 2 OTHER SIGNIFICANT CON							
	z	# F							
	ATIO	190 DATE OF OPERATION 196. (	ONSIDERED IN C	ERTIFYING					
-7	CERTIFICATION				YES NO	CAUSES	OF DEATH? Ye	S	
,	Œ	21a. ACCIDENT WAS UNDERLYING		21c. HOV	V INJURY OCCURRED (Ente	er nature of injur	ry in Part 1 ar Part 2,	Item 18 }	
	CAL	OR CONTRIBUTING CAUSE OF DEATH							
	MEDICAL	(If either, notify medical examin 21d, INJURY OCCURRED 21e.			ATION Street or P.E.D. No.	City.	or Town	Соилту	Stote
		Trillio   Ital Hillio	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	7 211. 100	Andi Jilee of Kil.D. III		OI TOWN	coomy	31010
		at work at work	1 2 9 0 1 1 0 1	16	N-1 77 106	O 4	Oot 10	69 AL-A	10 / \ (
		ZZa. I certify that (1) (this	is haspital) attended the decease live an Oct. 8	ed fromC	that in (serif (aux) an	inian death a	UCG O , 19	OO , Indi	(We) las
		causes stated above	, (¾ (we) (did) (did) (view the	body after de	marın ( <b>vaş</b> ı) (dür) ap	ıman aeam a	accurred an the ac	ne ana navi	ana mem m
		22b. SIGNATURE	-0 - 1				225.	DATE SIGNED	
		Mytta	218 My	DEGREE	ATTENDING C	MED. DIRECTOR	STAFF 2 9	Octobe	r 1968
		22d. PHYSICIAN S	1				al Center,		
1		NAME (Type) Michae	el B. Mosher, M. D	•			alth. Beth		
	23a	BURIAL BREMATION, 236. D	DATE 23c NAME OF	CEMETERY OR C	REMATORY	23d LOCATIO	in (City or Town)	(County)	(State)
	1	REMOVAL (Specify)		non4	Memoria	Hin		Mrd.	
1	24.	FUNERAL DIRECTORGRENT . M	ASON FUNERAL HOME, INCADDRESS			BY REGISTRAR	2Sb. REGISTRAR'S		
3/			ICHOLS AVENUE, S. E.		DATE OCT	1 1 19	68 gelia	ver Ins	ige.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14818 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 6:55A executed within 24 hours ofter death. (Type or print) Benjamin Zatz 10 Month 5 Doy 6 Steor NMT IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years HOURS lost birthdoy) completely filled in by the rease remove carbon popers. Poge ond in any event, within 72 haurs at 5/15/1893 male 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED [ USA montgomery "Odessa Russia 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Silver Spring Holy Cross Hosp. Grocer Grocerv 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY NO T 8195 Eastern 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Golden Tema NMT icote. 17. INFORMANT Daughter 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) Dorothy Zatz Cohen 9307 Harvey Rd. removol, APPROXIMATE INTERVAL 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH TENDING PHYSICIAN: The law requires that the death buriol-transit permit. IMMEDIATE CAUSE (o) cremotion, or DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE physicion. stoting the underlying couse prior to buriol PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) os the l be retained by the haspital or ottending O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES T NO A for use 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor ed with the Stote Dept. of (If either, notify medical examiner) P.M. director, page 3 should be detached should be filed with the State Dent of 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT NOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. State City or Town County OFFICE BUILDING, ETC. While Not while of work causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'

VR A15 (4) 30M REV, 1/68

REMOVAL (Specify) 24 FUNERAL DIRECTOR Dangersky + Sons. 350/14th

NAME (Type

230. BURIAL REMATION,

Jack P

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

ESWATGRAD CEM 25o. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE Ochanta

(County)

(Stote)

323 Conn. Ave. Washington UC

1968

23d., LOCATION (City of Town)

Rivers To the Control of the Control 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TIFICATE OF	DEATH	1481

- 1 Sall 1900 Salt From	and the second of the second		EKIIFI	CATE OF	DEATH	NUMBER OF STREET			TAOT	3	
(Type or point)	ris -	Middle W.	ZE	Last IGLER	1	20. DATE O	DE DEATH  BER Manth	Day	Year 8		HOUR 5A M
3. SEX Male	4. RACE Cauc	asian		S. DATE OF Oct.	3, 196	50	6. AGE (In ye	ars y) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	
o. BIRTHPLACE (State or foreign outly) Maine USA		WIDOWED	MARRIED NEVER MARRIED 9. COUNTY OF DEATH  NOWED DIVORCED Montgomery					Md.			
o. city or town of DEATH Bethesda	11. N. give	AME OF HOSPITAL OR INS street address) Nava	TITUTION (IF	not in hospital pital			N (Kind of war) g life, even if re		12b. KIND O INDUSTRY	F BUSINESS	OR
13a. USUAL RESIDENCE (Where de odmission) STATE Florid	ceased lived, if institut a 13b. COUNTY	ian: Residence befare	13c CITY OI Orla		13d. INSIDE CITY I		Route 1,		x 55-B		
14. FATHER'S NAME First Robert	J. ZEIGLE			S. MOTHER'S I	Shirle		Mi	iddle (	COSNELI	Last	
16a. WAS DECEASED EVER IN U.S. Yes, no. ar unknown) (If yes	ARMED FORCES? give wor or dates of service)	None		INFORMANT s. Shi	Orla rley Za		Route				
Canditians, if any, which go rise to immediate cause ( stating the underlying cau last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (c)	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  TING TO DEATH BUT NO					/EN IN PART 1(a)				
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER  OR CONTRIBUTING CAUSE OF	19b. CONDITION FOR WE	ONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES 🔯 NO		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes				
21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	FINJURY Manth Day Year 19		OW INJURY O	CCURRED (Ente	er nature of in	jury in Part 1 ar	Part 2,	Item 18.)		
21d. INJURY OCCURRED While Not while of work at work  22o. I certify that (1) saw the decease	21e. PLACE OF INJURY	( office Building, etc.					y ar Tawn	, 19,	County 68 , the		state (e) last
couses stated ob  22b. Signature  This ye g	ove, (1) (we) (did)	(did nat) view the l	M.D. DEG	deoth.  REE ATTENE PHYS.  22e. AE Na	ING	MED. DIRECTOR C	STAFF DHYS. 12	22c.	DATE SIGNED t. 3, 1		iin rne
REMOVAL (Specify)	3b. DATE 10-7-68	23c. NAME OF C	awn M	iem. I		Or	ION (City or Tow	Fl		(State	)
24. FUNERAL DIRECTOR ROT	pert A Prin	nnhren AMPRESS	ral H	ome	25a. REC'D	BY REGISTRAR	25b. REG	DIRAR'S	SIGNATURE		

VR A15 (4) 30M REV, 1/68

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers: Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haves after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE OC

Robert A. Pumphrey Applifieral Home 7557 Wisconsin Ave., Bethesda, Md.

1968

A PERSON AND A TOTAL CONTRACT OF THE SHIPPY A Section of the sect 5 N 15 1 W series Thereat Mooth in the and a continue, thereather